The Principal School Medical Officer

R C WOFINDEN, MD, MRCP, DPH, DPA

City & County of Bristol

REPORT FOR 1968

CITY & COUNTY OF BRISTOL EDUCATION COMMITTEE

Annual Report

of the

Principal School Medical Officer

R. C. WOFINDEN, M.D., M.R.C.P., D.P.H., D.P.A.

A. L. SMALLWOOD, M.D., D.C.H., D.P.H.

(Senior Medical Officer, School Health Service)

1968

SIXTY-FIRST YEAR

INDEX

BRISTOL EDUCATION COMMITTEE

Chairman :

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Vice-Chairman :

Councillor J. B. SPRACKLING

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R. C. WOFINDEN, M.D., M.R.C.P., D.P.H., D.P.A.

Deputy Principal School Medical Officer and Deputy Medical Officer of Health :

J. F. SKONE, M.D., D.C.H., D.P.H., D.I.H.

Senior Medical Officer, School Health Service :

A. L. SMALLWOOD, M.D., D.C.H., D.P.H.

CITY AND COUNTY OF BRISTOL

Population (June, 1968)	427,780
Number of pupils on registers of maintained primary, secondary, special and nursery schools (January 1968)	67,149

STAFF

PRINCIPAL SCHOOL MEDICAL OFFICER AND MEDICAL OFFICER OF HEALTH AND SOCIAL SERVICES

R. C. WOFINDEN, M.D., M.R.C.P., D.P.H., D.P.A.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER AND DEPUTY MEDICAL OFFICER OF HEALTH

J. F. SKONE, M.D., D.C.H., D.P.H., D.I.H.

SENIOR MEDICAL OFFICER, SCHOOL HEALTH SERVICE

A. L. SMALLWOOD, M.D., D.C.H., D.P.H.

SCHOOL MEDICAL OFFICERS (Joint Appointments with the Local Health Authority)

A. M. Fraser, L.R.C.P., L.R.C.S., D.P.H.
Helen M. Gibb, M.B., Ch.B., D.P.H.
J. E. K. Kaye, Med.Dip.(Warsaw), D.P.H.
J. L. S. James, M.R.C.S., L.R.C.P.
P. Tomlinson, M.D., D.P.H.
Isabel M. Price, M.B., Ch.B., D.C.H.
Patricia I. Thomas, M.B., B.S., D.R.C.O.G., D.C.H. (to 30.6.68)
A. J. G. Dickens, M.B., Ch.B., D.P.H. (to 8.9.68)
Jennifer M. Shobbrook, M.B., Ch.B. (to 31.1.68)
R. E. Midwinter, B.Sc., M.D., D.C.H., D.P.H. (to 29.2.68)
Kathleen E. Faulkner, M.B., Ch.B., D.C.H., D.P.H.
Norma B. Bassett, M.B., Ch.B., D.C.H.
Enid M. Tulloch, M.B., Ch.B., D.P.H.
E. E. Warr, M.B., Ch.B., D.P.H.
P. N. Dixon, M.A., M.B., B.Chir., D.Obst., R.C.O.G., D.P.H. (to 30.9.68)
D. W. Maxa, M.B., Ch.B.
Heather S. Kerr, B.Sc., M.B., Ch.B., L.R.C.P., M.R.C.S., D.P.H., D.Phys.Med, (from 1.7.68)
A. M. George, M.B., B.Ch. (from 15.7.68)
J. F. Hamblin, M.B., Ch.B. (from 1.8.68)

CONSULTANTS—PART-TIME

Ear, Nose and Throat	J. Freeman, M.B., F.R.C.S., D.L.O. R. K. Roddie, M.B., F.R.C.S.*
Orthopaedic	D. M. Jones, M.B., M.Ch.(Orth.), F.R.C.S.* A. H. C. Ratliff, M.B., F.R.C.S.*
Ophthalmic	P. Jardine, F.R.C.S.(E), D.P.M.S. H. Bannerman, M.B., D.O.M.S.* V. R. Patel, M.B., B.S., M.S.(Ophth.) (Bombay), F.C.P.S., D.O.M.S. (to 31.3.68) A. S. Shah, M.B., B.S., D.O.M.S.* (from 1.4.68)
Cardio-Rheumatic	C. Bruce Perry, M.D., F.R.C.P. (by arrangement with United Bristol Hospitals)
Dermatology	C. D. Evans, M.A., M.D.*
Chiropodists	R. L. Townson, M.Ch.S., S.R.Ch. A. J. Hynam, S.R.Ch. Mrs. D. Tann, M.Ch.S., S.R.Ch.
Orthoptists	Miss M. J. Smith, S.R.N., D.B.O.* Mrs. A. Sewell, D.B.O.*
Nutritionist	Miss M. Chapman
Audiometricians	Mrs. R. F. R. Broomhead Mrs. M. C. Bowen (asst.)

* By arrangement with the Regional Hospital Board

DENTAL SERVICE (Joint Appointments with the Local Health Authority)

Principal School Dental Officer...	J. McCaig, L.D.S., F.R.P.S.
Divisional Dental Officers ...	B. G. Hobby, B.D.S., L.D.S., R.C.S. (to 31.3.68) G. J. Tucker, B.D.S.
School Dental Officers	Alice M. Trump, B.Sc., L.D.S. R. D. Hepburn, L.D.S. W. J. Constantine, L.D.S. J. Hornsby, L.D.S. P. W. Carnie, B.D.S., M.B., B.S. G. Duggan, B.D.S. Rene C. Capper, L.D.S. Mrs. C. E. Watkins, B.D.S. (to 30.8.68) Ruth A. Yearn, B.D.S., L.D.S., R.C.S. V. T. Seard, L.D.S. J. R. Gordon, L.D.S. Helena Jones, B.D.S. R. P. Knowles, B.D.S., L.D.S., D.Orth., R.C.S. (from 3.9.68)
Dental Auxiliary	Mrs. P. V. Bourne

CHILD AND FAMILY GUIDANCE SERVICE

Senior Consultant Psychiatrist ...	R. F. Barbour, M.A., F.R.C.P., D.P.M.
Consultant Psychiatrists ...	W. L. Walker, M.D., D.P.H., D.P.M. H. S. Coulsting, M.B., Ch.B., D.P.M.* J. Gordon-Russell, M.B., M.R.C.P., D.P.M.*
Senior Psychiatric Registrar ...	T. C. Waters, M.B., Ch.B., D.P.M.* (to Oct. 1968) R. Walters, M.B., Ch.B., D.P.M., D.C.H. (from Dec. 1968)
Psychiatric Registrar	W. A. Saunders, M.A., M.B., B.Chir., D.C.H.
Clinical Assistant to Dr. Coulsting	B. Walley, M.B., B.S., D.P.H., D.C.H.
Senior Educational Psychologist...	R. V. Saunders, M.A., B.Ed.
Educational Psychologists ...	G. W. Herbert, M.A., (to Sept. 1968) R. Gosling, B.Sc. (to Dec. 1968) N. Jones, B.A., D.M.A.† Mrs. S. Perks, B.Sc. Mrs. L. Goswell, B.A. N. W. R. Sims, M.A., B.D. (from Sept. 1968) H. C. M. Carroll, B.Sc. (from Nov. 1968)
Lay Psychotherapist	Mrs. L. Jackson, Ph.D. (to March 1968) Miss K. Hunt, B.A. (from Oct. 1968)
Head Social Worker	Mrs. B. Gibson-Hamilton, B.A.
Senior Social Workers	Miss M. B. E. Shearman Mrs. A. E. Porter (to June 1968) Miss W. A. Maitland Mrs. N. Belcher (to Aug. 1968)
Psychiatric Social Workers ...	Mrs. R. Parsons (from Jan. 1968) Miss M. Porch, B.Sc. (from May 1968) Miss H. Francis (from Oct. 1968) Mrs. Pavey (from Dec. 1968)
Clerical Staff	Mrs. B. E. Gunning (to Sept. 1968) Mrs. P. A. Buffin Mrs. P. J. Gibson

* By arrangement with the Regional Hospital Board

† Joint appointment with United Bristol Hospitals

	Mrs. J. B. Grimes
	Mrs. A. E. Kemp
	Mrs. V. S. Stone
	Mrs. J. Solomon (from May 1968)

SPEECH THERAPY

Senior Speech Therapist ...	Mrs. Beryl Saunders, L.C.S.T.
Speech Therapists	Mrs. J. Spencer, L.C.S.T.
	Jennifer B. Harries, L.C.S.T.
	Mrs. B. R. Harding L.C.S.T.
	Ann Robinson, L.C.S.T. (to 27.12.68)
	Philippa M. Jones, L.C.S.T. (from 26.8.68)
	Claremont School
	Mrs. A. L. Wilks, L.C.S.T.
	Mrs. G. L. Bradshaw, L.C.S.T.
	Mrs. B. Bennett, M.C.S.T. (to 26.7.68)

NURSING SERVICE

Chief Nursing Officer	Miss M. Marks Jones, S.R.N., S.C.M., H.V., N.A.C.
Deputy Chief Nursing Officer ...	Miss J. M. Marsh, S.R.N., S.C.M., H.V., Dip.P.H.Nursing (McGill)

ADMINISTRATIVE AND CLERICAL STAFF

Senior Assistant	F. J. Oldfield, D.M.A.
Assistants	K. E. K. Eddolls, S.R.N., Q.N.
	E. J. Pike
Clerical Assistants	Mrs. J. F. Stuckey (to 30.9.68)
	Miss H. Greet (from 1.10.68)
	Miss M. Portwood
	Miss M. Durnford
	Miss V. Benjafield
	Mrs. S. A. Clarke (to 31.10.68)
	E. J. Davis
	D. R. Cordwell
Clerks	Mrs. J. R. Gent (to 31.3.68)
	Miss M. G. Edwards (to 31.3.68)
	Miss J. Putwain (to 4.8.68)
	Mrs. K. Barrett (from 1.4.68)
	Miss J. C. Spencer (from 1.4.68)
	M. A. Goodliffe (from 19.8.68)
	Mrs. S. Thrush (from 4.11.68)
Clerk/Shorthand Typists ...	Mrs. S. E. Lovell
	Miss P. Howard

Persons, other than those whose names appear in the list of staff, who have contributed to this report are the following:—

H. J. Austin, *Head of Kingsdon Manor Residential School for E.S.N. Senior Boys*
Miss J. A. Battersby, *Organiser of School Meals*
Miss I. M. Bond, B.A., *Head of the House in the Garden School for E.S.N. Senior Girls*
G. J. Creech, M.B.E., *Chief Public Health Inspector*
Miss J. Davis-Morgan, *Head of Henbury Manor School for E.S.N. Junior Children*
Miss J. R. W. Dawson, *Inspector of Schools and Organiser of Physical Education*
B. M. Dyer, M.B.E., B.A., *Youth Employment Officer*
Barbara Hale, M.B., Ch.B., D.C.H., D.Obst.R.C.O.G., *Assistant School Medical Officer*
Mrs. J. E. Ireson, *Head of Croydon Hall Residential School for E.S.N. Senior Girls*
R. R. Jenkins, *Inspector of Schools and Organiser of Physical Education*
P. Mackintosh, *Health Education Officer*

J. Pugh, *Chief Chiropodist, Department of Public Health*
Miss M. J. Ram, B.A., *Head of Claremont School for Spastic Children*
A. J. Rowland, M.B., D.P.H., *Senior Medical Officer (Epidemiology)*
J. N. Tolley, *Head of Russell Town School for E.S.N. Senior Boys*
M. Watts, S.Sc.D., *Chief School Welfare Officer*
F. C. Wilkinson, *Head of Periton Mead Residential School for Delicate Children*
C. Williams, *Head of South Bristol School*
R. D. Williams, *Head of Elmfield School for the Deaf*
A. J. Wood, M.B., B.S., D.P.H., *First Assistant Medical Officer of Health*

INTRODUCTION

To the Chairman and Members of the Education Committee :

I have much pleasure in presenting the annual report of the Bristol School Health Service for 1968, the 61st report in the series.

GENERAL

The major event of the year, and the one most likely to affect us all, was the publishing of the Seebohm Report. This, together with the Green Paper on the National Health Service will, I am sure, provide much material for discussion over the next few years, particularly in view of the expected recommendations of the third magnum opus — the Royal Commission on Local Government. It will be important to ensure that any far-reaching decisions consequently taken will be arrived at in the light of all three of these major documents and not in isolation.

STAFFING

1968 brought more than its fair share of staffing problems and during the year no fewer than six of our full-time school medical officers left the Authority. As two more were seconded to the University course for the Diploma in Public Health, the position became so acute as to warrant a special report to the Committee. However, the desperate measures which at one time seemed inevitable were averted by the arrival in Bristol of four new full-time doctors. In addition, we managed to secure the part-time services of several married women doctors and I should like to pay tribute at this stage to these sessional staff, without whose help there would of necessity have been a serious restriction of the services provided for the schoolchildren of this city. Difficult situations such as this, however, compel us all to look more closely at available resources and the possibility has emerged of making fuller use of doctors' time by re-examining the role they play in the many minor ailment sessions held in clinics and schools. Whereas in the past the school medical officer has, by attending these sessions, been able to play an important part in the detection and treatment of many diseases amongst schoolchildren, several factors—the appointment of staff nurses in comprehensive schools, the growth of group practices, and the increasing availability of new drugs and facilities, to mention only a few—now point to a 'phasing out' of doctors' time at these clinics and a concentration on some of the more pressing present-day problems, e.g. maladjustment, enuresis, etc., and a review of the condition of the 3,000 mentally and/or physically handicapped pupils now attending special classes in our ordinary schools. There was one bright piece of news at the year's end—the Senior Speech Therapist was able, for the first time in many years, to report that her establishment of colleagues was complete.

THE YEAR'S WORK

I am also happy to report some improvement in the situation regarding E.N.T. treatment amongst schoolchildren. After minor difficulties early in the year concerning consultants' services, a re-appraisal of the position has resulted in an increase in the number of sessions available at local hospitals, enabling inroads to be made in the lists of Bristol children awaiting E.N.T. operations. The promise of further consultant sessions encourages the hope that this improvement will be even more marked during 1969.

In addition to the ordinary medical inspections, we have continued to give a weekly session to the students at the Technical College where one of our sessional doctors is able to discuss with them their problems and to give much valuable advice.

The special medical inspections at schools having large immigrant populations were carried on throughout the year and at its close, preliminary findings were announced. These were, if not startling, reassuring and allayed any fears that an influx of immigrants necessarily heralded a greatly increased incidence of disease. Statistical results are shown elsewhere in this report.

The Authority also co-operated in the Government's campaign for protecting young children against measles and teams, each consisting of a doctor, a nurse and a clerk, visited many schools during the second quarter of the year giving the vaccine.

The facilities for chest X-ray examinations continued to be made available to teachers in Bristol schools (with mammography for those women teachers requesting it) and resulted in the discovery in May of one case of active tuberculosis. Prompt action, involving the mass X-raying of all possible contacts at the school, and early treatment of the teacher concerned ensured that the attack was contained and the teacher has now resumed employment.

HANDICAPPED CHILDREN

The closure of the Royal School for the Blind at Henleaze in December posed problems for many Authorities who were responsible for children attending there. Nowhere were these problems greater than Bristol because of the number of local children attending as day pupils. Arrangements have now been completed for their transfer to other schools, mainly 'Ysgol Penybont' at Bridgend, which caters for both blind and partially-sighted children.

Plans are proceeding for the erection of a new unit attached to the School for Spastics at Claremont, Henleaze. This will be a unit for the diagnosis and treatment of multiple handicaps in very young children and has been made possible through the generosity of the Van Neste Foundation, who have provided funds for building and equipping the unit.

Work on the new Florence Brown School for E.S.N. children in South Bristol carries on apace and the expected opening date is next September. This is, in part, the replacement school for Russell Town, a school catering for E.S.N. senior boys.

On the adjoining site foundations will shortly be laid for the new school to replace the present group of buildings comprising South Bristol School. That so much good work has been done over the years amongst the seriously handicapped children who have attended this school is a tribute to the Head and his staff who have been required to work in conditions which, to say the least, are not ideal. I am confident that, once settled in their new building, staff and children alike will benefit.

HEALTH OF SCHOOL CHILDREN

1968 saw substantial decreases in all the commonly occurring notifiable diseases, with one exception, rubella. Here the number of cases reported in the previous year was more than doubled. On the brighter side the measles figure was only a quarter of the number reported in 1967, a result attributable mainly to the vaccination campaign already mentioned.

Foot infections have caused some concern and the incidence of verrucae and athlete's foot has necessitated an increase in the number of chiropody sessions provided

in school clinics. The growing incidence of these conditions has caused plans to be put in hand for an intensive campaign to encourage good foot health.

The year closed with general apprehension at the threatened approach of the A_2 virus (Mao 'flu) but no reported cases. (At the time of going to press a few children have since been affected but symptoms are reported to be relatively mild).

In all, it was a year in which good health standards were maintained to such an extent that the overall annual percentage attendance for all Bristol schools was only 0·4 per cent. down on last year's record figure of 90·9 per cent.

CONCLUSION

It would not be fitting to conclude without paying tribute to all who have shared in the compilation of this report and, on the wider front, to all who are concerned with the health and welfare of schoolchildren in this city. Hospital staffs, private practitioners, Heads of schools and their staffs, the Chief Education Officer and his departmental staff have all co-operated in this task, which has been given encouragement through the interest and support of members of the various Committees. My special thanks are due to Dr. Smallwood and his staff who are responsible for the day to day activities of the School Health Service.

R. C. WOFINDEN,

Principal School Medical Officer

CARDIO-RHEUMATIC CLINIC

C. Bruce Perry

As this will be the last of these reports that I shall have the privilege of writing after more than 35 years it may perhaps be of interest to compare the position in 1933 and now. In the report for 1933 we found that there were 961 individual children examined and that 110 *new* cases of rheumatic heart disease were seen during the year. In all, 234 new cases were referred to the clinic and there was a total of 1,298 attendances and of these 850 were by children with rheumatic heart disease; whereas in 1968 the total attendances were 377 and there was only one new case of rheumatic heart disease. This decrease in the incidence of acute rheumatism has been commented on in previous reports; but the comparison brings home the fact that the disease, for the moment anyhow, has practically disappeared. The reasons for this are uncertain, but it is extremely likely that it is related to the general improvement in the standard of living. Acute rheumatism and rheumatic heart disease are still very common in the less developed parts of the world.

Further, as an analysis that has been made recently* shows, of the 110 new cases of rheumatic heart disease seen in 1933 six or seven were certainly dead within five years and ten within ten years. The chance of any of them finally recovering without permanent heart disease was about 20 per cent. About 60 per cent of them would be sure to have had at least one recurrence before 1938 and some of them two or more. Of the new cases occurring since 1955 none has died and 82 per cent have recovered with no detectable permanent heart disease. In 1955 an intensive campaign for prevention of recurrences was started and since then 91 per cent of the cases have had no relapse. In fact only one recurrence has been seen in children in whom it was reasonably certain prophylaxis was being taken conscientiously.

While the clinic is still of value in ensuring that as far as possible children who have had acute rheumatism receive regular prophylaxis against recurrences, it is more and more serving to recognise congenital heart disease, for which surgery may now have much to offer, and in preventing unnecessary restriction of children with "innocent" cardiac murmurs.

* C. Bruce Perry, Lumleian Lecture, Royal College of Physicians, 27th February, 1969

Summary of School Cases attending Cardio-Rheumatic Clinic, 1968 including Primary, Secondary, Nursery and Special Schools

	No treatment or restriction	*No treatment but restriction of games etc.*	*Treatment and school*	*Treatment and exclude from school*	*Institutional treatment*	*Total*
NEW CASES:						
Rheumatic heart disease	1	—	—	—	—	1
Chorea	—	—	—	—	—	—
No organic disease	23	—	—	—	—	23
Congenital heart disease	1	—	—	—	—	1
Acute rheumatism	—	—	—	—	—	—
Total	25	—	—	—	—	25
RE-EXAMINATIONS:						
Rheumatic heart disease	34	4	2	—	—	40
Chorea	7	—	—	—	—	7
No organic disease	92	—	—	—	—	92
Congenital heart disease	34	6	—	—	—	40
Acute rheumatism	172	—	1	—	—	173
Total	339	10	3	—	—	352

No. of individual children examined	216
No. of new cases for 1968	25
No. of re-examinations	352
Total number of attendances	377

CHILD AND FAMILY GUIDANCE CLINIC

H. S. Coulsting

No individual comment is being made this year on staff changes. We are still suffering a shortage of psychologists and are urgently in need of a larger establishment on the Psychiatric Social Worker side. We welcomed, during the year, the filling of our establishment for one psychotherapist; previously this was only filled by a part-timer.

WORK AT THE CLINIC

Each year we take some particular aspect of the service and look at it in more than usual detail. This year we are looking at the overall picture of the provision for maladjusted children in the city other than the direct treatment work done at the clinic. It is quite evident that direct treatment is confined to a relatively small group of the total number of children handicapped by emotional maladjustment. The efficacy of this approach is attendant on the willingness and ability of parents to participate fully in the treatment process. At the other end of the treatment scale, one could instance the sending away of children to residential special schools and this sort of provision has been in slowly increasing demand over the years, so that at present over 70 children are placed in residential schools for maladjusted. It would seem logical that we must evolve a large number of intermediate and economically realistic ways of meeting the needs of these children, many of whose difficulties remain unrecognised at present.

There have been several interesting developments evolving recently. Periton Mead School at Minehead has now about 50 per cent maladjusted children in it. These are carefully selected and very largely introverted children on the one hand, or younger, deprived children on the other. The more openly aggressive group are not placed in the situation that also copes with physical handicaps. Similarly, considerable numbers of maladjusted E.S.N. children are accommodated in the various day and residential E.S.N. schools. We hope, over the next few years, to find out just what proportion of such children are being carried in E.S.N. schools.

There has been an interesting innovation in the Children's Department, where two Family Group Homes have been specially set up to deal with maladjusted children in care and it is hoped that this process of meeting special needs can be further developed. As mentioned in last year's annual report, one maladjusted unit in an ordinary day school is already in existence and the Education Department has now made provision for a further five such units around the city and recognise the necessity for a separate day maladjusted unit as soon as it is possible to achieve this. Gloucestershire is opening up such a unit in Kingswood and may well permit some Bristol children to attend.

Another useful provision has been the attendance of a few children on a day basis to the Children's Hospital. It is hoped that it will be possible to extend this provision in the future and the hospital authorities already have plans in hand to establish a larger day unit. This would involve the Local Authority in so far as the staffing is concerned, as specially trained teachers would need to be provided. Although there sounds to be quite a healthy movement afoot, it is very far short of the needs, and development along these lines will be required in increasing proportions over the next decade. This will place an intolerably heavy burden on professional staff as all these developments need cover from the Child Guidance Clinic if they are to be as effective as possible. Thus, quite a considerable increase in establishment is going to be essential if we are to play our part fully.

CHANGES DURING THE YEAR

The completion of an area clinic at Lawrence Weston has been very welcome and will add considerably in the future to the sort of service this clinic is able to give in that area of the city. We also look forward to the completion of the Health Centre at Fishponds, in which provision is being made for another area branch of the Child and Family Guidance Service, when our coverage of the city should be fairly complete and the service should be accessible to all Bristol families without undue travelling.

	1967	1968
Psychiatric		
Diagnostic interviews	537	584
Treatment interviews	2,385	2,521
Parent interviews	175	153
Others interviewed	74	49
Other visits	20	32
Psychological		
Examinations including juvenile court cases	378	369
Treatment interviews	51	80
Parent interviews	16	32
Others interviewed	81	62
Home visits	2	3
Social		
Interviews with parents	3,730	4,716
Interviews with others	276	122
Home visits	991	901
Other visits	122	109

CHILDREN'S CHEST CLINIC

B. Hale

The number of children examined in the chest clinic has increased again this year. Of the 92 patients seen (of whom two were pre-school children), 28 were new referrals and 64 were patients continuing to attend from previous years.

Referrals were, 37 for asthma and 55 for investigation of persistent coughs and recurrent chest infections.

We carried out six courses of desensitization this year, two for the third year and one for the second year, in view of marked improvement following previous courses. Another six patients were skin tested, five of whom are to be desensitized in 1969 and three of the other patients are to receive a further course.

Influenza vaccine was given to three children, one of whom received the A2 vaccine.

Two patients attending the clinic were also treated for enuresis.

The following referrals were made:

Physiotherapy—Breathing exercises and/or postural drainage	25
Short-Wave Diathermy	13
Sunlight	3
E.N.T. Consultant	3
Audiometry	1
Dietician	1
Heaf test	4
Dr. Craig, Chest Physician	3

Three children continued attendance at Periton Mead Residential School and three at South Bristol School.

CHIROPODY SERVICE

J. Pugh

During the year ending 31st December 1968, the number of schoolchildren referred to the school chiropodists for treatment was 1,397, who received a total of 6,541 treatments, made up as follows:—

	First Examination	*Other Treatments*	*Total*
Verrucae Plantaris	1,246	4,945	6,191
Skin lesions (corn etc.)	141	191	332
Metatarsalgia	3	4	7
Pes Cavus	3	1	4
Foot strain (acute)	2	2	4
Hammer toes	2	1	3
Totals	1,397	5,144	6,541

In the case of treatment to verrucae, it will be seen that the average number of treatments by chemotherapy to clear up the lesions is four, as the final visit is a check to see that it is clear. Wider coverage for clinical treatment was effected during the year by opening new clinics in the areas not previously available, at Lawrence Weston, Hartcliffe, Southmead, and Henbury. In each of these areas the complex of large comprehensive schools and swimming baths has shown the need for facilities for treatment of minor foot infections, including verrucae. The above tables do not show the incidence of epidermophytosis, as these cases are usually screened by the school medical officers and advice and/or treatment given by them or the school nurses. It would also be incorrect to assume that the orthopaedic anomalies are so low as the above tables would indicate, as these refer only to those treated by the chiropody staff; there is a larger number referred direct to the consulting orthopaedic surgeon by the medical officers or school nurses, and the appropriate treatment given either by surgery or physiotherapy.

Instruction in health education and advice about shoes is given to all children attending for treatment, and this advice is supplemented by the health visitors during school inspections. There is a good liaison between the chiropodists and health visitors, and a useful exchange of views concerning trends etc. is attained in the health centres.

The increasing awareness on the part of parents of the necessity for good foot health for children has become noticeable, and many take the opportunity to attend the clinic at some time during treatment, especially for verrucae, and take a serious interest in advice about footwear. This augurs well for the future.

DEATHS OF SCHOOL CHILDREN

In 1968, the number of deaths of Bristol children, aged five to 15 years, was 20 (13 boys and seven girls).

Causes of death were as follows:—

	Age in years	*Boy*	*Girl*
Malignant tumour lower femur ...	15	1	—
Carcinoma left kidney	14	1	—
Astrocytoma pons	9	—	1*
Malignant ependymoma	5	—	1*
Acute leukaemia	8	1	—
,, ,, ...	12	—	1
,, ,, ...	7	1	—
Bronchopneumonia, cerebral atrophy ...	9	1*	—
Congenital heart disease	8	1†	—
,, ,, ,,	10	1	—
,, ,, ,,	14	—	1
,, ,, ,,	6	—	1
Fibrocystic disease	14	1	—
,, ,, ...	11	1	—
Encephalitis	12	1	—
Road accidents	8	1	—
,, ,, ...	11	—	1
Other accidents (asphyxiation) ...	9	1	—
(drowning) ...	7	1	—
(fall over bridge) ...	7	—	1
	—	13	7

* not attending school
† attending private school

Whilst, fortunately, total numbers are small to be of statistical significance, it is noteworthy that 25 per cent of deaths are due to accidents, 20 per cent to new growths and 15 per cent to leukaemia.

DENTAL CLINICS

J. McCaig

Once again all schools have been visited by the School Dental Officers who carry out routine dental inspections on the schoolchildren. These inspections reveal that there is improved dental health among many of the pupils which seems to indicate that the children are receiving routine dental treatment and not just emergency treatment. The number of children offered treatment, 28,371, is less than the number requiring treatment, 35,188, as we do not offer treatment to children who go to their own dentist. The children offered treatment and whose parents accept it for them, receive a course of treatment annually and in many cases more than one course of treatment, as some clinics have a re-call system in operation. There are still some pupils who do not accept treatment from the Local Authority Service nor from the National Health Service and these are known as the "hard core", who, with their parents, have little concept of dental health and the driving force bringing them to the dentist is pain or sepsis. The value of the School Dental Service cannot be estimated on a statistical return although the School Dental returns made to the Department of Education and Science attempt to evaluate the School Service with the General Dental Service and compare them. There are many visits made by children to the clinics which cannot be included in the returns—the nervous child who receives little or no treatment at the first visit and who may have several visits before a unit of treatment is recorded. Nevertheless, nervous children handled carefully over a period of two or three visits will become conditioned to dental treatment and develop later into good patients when they seek treatment in the General Dental Service. Thus the School Dental Service can act as a useful nursery for the General Dental Service but in all fairness, should not be compared with the latter service and the amount of treatment carried out in it.

The present demand for dental treatment is being met without difficulty by the dentists in practice in Bristol and as the city is a popular one, dentists are attracted here so that when a vacancy occurs in a General Dental practice, either through retirement or other means, the vacant place in the practice or the practice itself is soon taken over in part by dentists already in practice, or in whole by one dentist. Thus the number of dentists remains constant and there is some evidence that in the last few years, there may even be a slight increase. While the number of Principals and Associates in general practice are known, the number of Assistants at any one time cannot be ascertained. A practice therefore near a clinic having assistants coming and going may have some effect on the demand for dental treatment from that clinic. The staffing position in the School Dental Service has reached a stage where any expansion has to be measured against the need or a demand for treatment and if this staffing could remain constant for a few years, then a clearer picture would be revealed of the necessary requirements of the Service. But it seldom happens—a full-time clinic appointment becomes vacant and this does not fill as easily as a practice vacancy. Sessional Dental Officers are put in and, while the value of their experience and help is not in doubt, a false impression of the requirements of the area may be obtained. A full-time officer in a clinic area over a period of three years can give a more accurate picture of requirements than sessional dentists in and out over the same period.

It would be utterly wrong as regards prevention in school children's dentistry to be complacent about the position we seem to have arrived at in Bristol or to imply that expansion is not necessary; but evidence is such that it is hard to avoid the conclusion, that any change in the next two or three years should be treated with caution and not regret. The statistical returns are tabulated in the form as required by the Department of Education and Science.

EAR, NOSE AND THROAT SERVICE

Weekly E.N.T. sessions have continued throughout the year under Mr. R. K. Roddie and Mr. J. Freeman, by arrangement with the Regional Hospital Board, and particulars of attendances are given below:—

	1968			1967		
	First	*Other*	*Total*	*First*	*Other*	*Total*
Chronic suppurative otitis media ...	10	—	10	16	3	19
Other ear	552	166	718	487	129	616
Nose and throat	337	80	417	581	198	779
	899	246	1,145	1,084	330	1,414

At 31st December, 1,169 children under 16 years of age were on the waiting lists of local hospitals for tonsillectomy and/or adenoidectomy. Many of these, however, were not Bristol children and many others had been referred direct by their G.Ps. The corresponding figure for the previous year was 1,577 and we are glad to note this improvement.

HEARING ASSESSMENT OF SCHOOL CHILDREN

J. E. K. Kaye

A change in the administration of the Hearing and Speech Centre has taken place during the year and administrative responsibility has now passed to the school health department. Previously the pre-school deaf child was the responsibility of the Maternal and Child Health Department and the school child was in the care of the School Health Department. We find this new system a good working arrangement as, although officially the education of the handicapped child begins at two years, in fact, the education of the deaf and partially hearing child begins during the first year of life or as soon as diagnosis is made.

The school audiometry service, now an essential part of the medical examination of the school child, is closely linked with the work carried out at the Hearing Assessment Clinic and the Speech Therapy Department. While school children with temporary and remediable defects of hearing are dealt with by the school medical officers working in the audiometry service, all children presenting serious educational problems involving speech and hearing are referred to the Hearing and Speech Centre for full assessment and follow up if necessary.

Numbers from the school audiometry service are as follows:—

No. of children screened at school	5,020
No. of children who failed screening at school ...	1,026
Total no. of children attended for further assessment	1,981
These are subdivided as follows:	
No significant hearing loss (discharged)	888
No significant hearing loss but defective speech (referred for speech therapy) ...	7
Referred for re-exam	815
Referred to E.N.T. consultant	162
Referred to Hearing and Speech Centre	47
Already under treatment	62
	1,981

The work at the Hearing Assessment Clinic continues to expand. As interest in developmental paediatrics extends, it is increasingly recognised that adequate hearing for speech and early diagnosis of any hearing defect are essential for the child's intellectual and social development. Consequently more children are being referred for assessment. The following figures illustrate the increase in work done during the past five years:

	Total Attendances	*New Cases*
1964 ...	503	164
1965 ...	708	348
1966 ...	1,262	427
1967 ...	1,334	447
1968 ...	1,717	550

The team approach to assessment of hearing defects and decisions on educational placement of deaf and partially hearing children goes on as in previous years. As will be seen from the following figures, our work is closely associated with that of the speech team. Children with delayed development of speech or defective speech, especially those with multiple handicaps, are tested for hearing defects prior to assessment by the speech team and the psychologist.

In dealing with handicapped children, we are fortunate in Bristol in having close co-operation and specialist advice from the consultant paediatricians of the local hospitals.

Once a month for teaching purposes a hearing assessment session is held at the Bristol Children's Hospital by members of the medical staff of the Hearing Assessment Clinic when medical students and a consultant otologist are present. Techniques and methods of testing the hearing of babies and young children are then demonstrated.

As in previous years training of new health visitors, with refresher courses for those previously trained, continued.

There was no change in the staff of the Hearing Assessment team other than the appointment of Mrs. Sandra Perks as educational psychologist following the resignation of Mr. Geoffrey Herbert, who had been a member of the team since 1964. With his insight and knowledge of handicapped children, he made a most valuable contribution to the team who greatly appreciated the high quality of his work.

The following figures show the work done during the year:

		Total 1968	*1967*
No. new cases seen—under five	350	550	447
over five	200		
No. old cases seen—under five	114	369	407
over five	255		
No. attendances at M.O's sessions			
under five	583	1,090	861
over five	507		
No. attendances for consultant otologist			
under five	141	493	341
over five	352		
No. attendances for psychologist			
under five	65	134	132
over five	69		
Total no. of attendances ...		1,717	1,334
No. outside city cases seen		79	60
No. referred for E.N.T. treatment		146	91
No. referred to the speech therapist		88	88
No. attending for auditory training		22	19
Total attendances for auditory training ...		470	

ANALYSIS OF NEW CASES

No. referred by—			
Medical Officers		212	202
Consultants		99	76
Health Visitors		106	96
General Practitioners		54	41
Psychologists		12	5
Speech Therapists		32	7
Others		35	20
		550	447
No. in risk group—under five	144	185	160
over five	41		
No. profoundly deaf			
under five	2	2	9
over five	—		
No. partially perceptive deafness			
under five	16	56	36
over five	40		
No. partial conductive deafness			
under five	52	109	86
over five	57		

			Total 1968	1967
No hearing loss but defective speech				
under five	104	117	101	
over five	13		
No significant hearing loss				
under five	155	230	195	
over five	75		
No. multiple handicap				
under five	24	36	20	
over five	12		

EMPLOYMENT OF CHILDREN

During the year 472 children have been examined in order to ascertain their fitness for part-time employment. Work permits were issued as follows :—

Employment	*Boys*	*Girls*	*Total*
Newsagents	279	71	350
Others	41	81	122

CHILDREN IN ENTERTAINMENTS

During the year, licences were issued to 12 boys and 67 girls to take part in various productions throughout the city; these included nine boys in the Welsh National Operatic Society's performance at the Bristol Hippodrome in March/April. Many of the girls took part in performances at the Silver Blades Ice Rink and also in pantomimes. In addition, nearly 500 children were permitted to participate in charity productions for which no licences were necessary.

ENURESIS CLINICS

E. M. Tulloch

In 1968, 330 children (328 schoolchildren and two pre-school children) attended the clinics. Of these, 139 were new cases and 191 continued attendance from the previous year. The total number of attendances made was 953, and 118 children were discharged during the year. Ten cases were referred to Mr. Ashton Miller at the Royal Hospital for sick Children for genito-urinary investigation, and five to the Child and Family Guidance Clinic for assessment. 74 children were treated with the nocturnal enuresis buzzer.

The demand for clinic appointments is still extremely heavy and during part of the year only referrals for children over 10 years of age could be acccpted. However, a fourth session each week commenced in October and this has helped to reduce the waiting list slightly. Children from the age of seven years can now be considered: but, to date, children under seven have not been seen owing to pressure of numbers and the fact that many clear spontaneously in this age group.

It is essential not to overcrowd the clinics, so that, if necessary, a long interview may be devoted to each case and a personal relationship thus established with the child and parent.

EYE CLINICS

P. Jardine

At the end of March, Dr. Patel left the Service and Dr. Shah took his place from 1st April.

During the year, 4,272 children were examined with a total attendance figure of 6,016. Comparable figures for 1967 were 4,779 children with 7,139 attendances. Orthoptic department figures for attendances at the Central Health Clinic and the Mary Hennessy Clinic showed an increase—3,055 as against 2,976 attendances in 1967.

Squint operations performed at the Bristol Eye Hospital on Bristol schoolchildren fell from 153 in 1967 to 129 in 1968.

Regular visits were arranged throughout the year to examine the vision of handicapped children at Claremont and South Bristol schools.

HANDICAPPED CHILDREN AND SPECIAL SCHOOLS

BLIND CHILDREN

At the end of 1968, following the closure of the Bristol Royal School for the Blind, four children (three boys and one girl) were being maintained at the Ysgol Penybont, Bridgend. These children come home each weekend in transport provided by this Authority and this arrangement is made use of by other neighbouring Authorities also maintaining children at the Bridgend school. In addition, one girl was a boarder at Chorleywood College and one boy was following a further education course at the Royal Normal College.

PARTIALLY SIGHTED CHILDREN

In December 1968 there were seventeen partially sighted children at South Bristol School. Two boys were being maintained as boarders at Exhall Grange School, Coventry, and one boy at the West of England School for the Partially Sighted, Exeter.

DEAF AND PARTIALLY HEARING CHILDREN

Elmfield School for the Deaf R.D. Williams

An average of 57 children attended the school during the year. Only some 20 per cent were over 11 years of age while an increasing proportion entered the lower end of the school at about three years of age.

Two children left to enter employment, the boy as a wood machinist apprentice. This trade would, only a few years ago, have been considered too dangerous for a deaf youth.

Two younger children were transferred to other schools which cater for children suffering from neuro-psychological problems rather than deafness.

Staff changes occurred which had an inevitably unsettling effect on the school for a while. This seems unavoidable in these days of shortage of specialised staff.

The seniors went for one week to Cromer where they enthusiastically visited as many places of historical, industrial and geographical interest as they could cram into a short space of time. This annual exercise usually leaves the children exhilarated and the staff decidedly fragile!

The juniors spent three days in Wales visiting docks, castles and the National Folk Museum. Both these excursions gave rise to an upsurge of enthusiastic preparation and follow-up in school.

PARTIALLY HEARING UNITS

This year was again one of anxiety due to shortage of sufficiently experienced and qualified staff. One of the six units was once more without a teacher of the deaf, another of them was staffed part-time. This throws a great burden on the parent schools without whose generosity and co-operation this work could not continue. We count ourselves extremely fortunate in receiving this whole-hearted support year after year.

During the year approximately 55–60 children were at the units, being drawn from the whole of the city.

This year the P.H.U. leavers were brought more into line with the procedure drawn up over the years at Elmfield School and this move was found to be successful in placing them in employment.

Further expenditure was made in the purchase of auditory equipment and all units are now equipped with the basic modern machinery required for their work.

PERIPATETIC SERVICE

This aspect of the work has suffered over the years by irregular staffing. In September, however, two experienced teachers of the deaf were appointed and for the first time we were able to make a survey of the educational needs of the many children referred to us. These children have a hearing loss but this is not severe enough to prevent their placement in ordinary schools.

The treatment list was finally drawn up to include about sixty children at almost the same number of schools. These children are visited weekly, fortnightly or monthly depending on their needs.

The two teachers of the deaf at the Hearing Assessment Clinic continued to divide their time between clinical sessions and home visits with pre-school children, nursery schools and Claremont School.

This, particularly with the parent guidance of the pre-school age group, is a vital part of the service.

The approximate total of all children with hearing defects being treated educationally in Bristol schools in 1968 was 200.

RESIDENTIAL SCHOOLS FOR THE DEAF

In addition to the children at Elmfield, deaf children were being maintained at the following residential schools:—

	Boys	*Girls*	*Total*
Burwood Park School, Walton-on-Thames	1	—	1
Larchmoor School, Stoke Poges, Bucks.	—	1	1
Mary Hare Grammar School, Newbury	—	2	2
Needwood School, Burton-on-Trent	1	—	1
Royal West of England School for the Deaf, Exeter ...	3	1	4
St. John's School for the Deaf, Boston Spa	1	—	1
	6	4	10

EDUCATIONALLY SUB-NORMAL CHILDREN—DAY SPECIAL SCHOOLS

Henbury Manor School (Junior Children)

Jean Davis-Morgan

May 1968 saw the fulfilment of a dream. We rented a large detached house at Croyde Bay and provided the experience of living by the sea for 18 children. Some of these were from materially inadequate homes where a holiday was previously unknown. Others chosen were over-protected children who needed the opportunity to become independent and self-assured.

For teaching and domestic staff it was a week of gruelling duties but the result was infinitely rewarding. The freedom of the beaches, the skills of paddling, climbing, digging, and the general sharing of activities not only gave the children immense pleasure but also revealed tremendous growth and satisfaction in achievement. Many timid ones became quite venturesome.

All parents were co-operative and appreciative and the experiment is to be repeated this year for two weeks instead of one. The main burden of expenses was met from staff funds and to prepare for the 1969 expedition an Autumn Sale of Work was held in October 1968 which parents and friends patronised well.

The Camping Experiment in the grounds of Croydon Hall Residential School where we savoured the hospitality of Miss Way and her staff was marred only by the weather. We were awash, indeed, having unfortunately chosen the time of the "great flood of 1968". We trust the new Headmistress will allow us to visit again next year.

This "living together" experience for multiply handicapped children seems to be the answer to many of their problems. Learning becomes incidental to the enjoyment of life, but infinitely more is attempted and achieved.

With great reluctance, but also sharing the pride of their success, we parted with three teaching staff in July. Two had won appointments as tutors to the N.A.M.H. Course in Bristol and London and one to a Head of Department post in a primary school.

The children felt their loss severely, but new staff have settled in happily and are now established.

Dr. Norma Bassett who replaced Dr. Patricia Thomas as S.M.O. to the school has become a welcome and valued member of the Manor family.

The opening of the new special school in the south of the city will inevitably result in the transfer of about 30 of our pupils living in that area and may well affect some staff too. The forecast for 1969 is change in the field of special education.

Russell Town School (Senior Boys)

J. N. Tolley

1968 saw the introduction of a new system for assessing the unit totals of Special Schools, based on a handicap-related unit figure. Whatever one might feel about the wisdom of such a system in general, it is going to require a clearer statement of the type and degree of handicap at the assessment stage of children proposed for admission.

One immediate result in regard to Russell Town has been the discovery that for about 25% of our children "maladjustment" is regarded as the most significant handicap in the school situation.

During the year we have had a thorough screening of our children in regard to hearing difficulties, and if this is followed by careful assessment of each new admission, we should be able not only to keep records up to date, but also to make individual help available where and when it is most needed.

The year also saw a full dental inspection in school, and of course the usual routine medicals and those concerned with school leavers.

Naturally much of our work in the year has been affected by thoughts of preparation for the impending move to the Florence Brown School, now being built. There seems little doubt that 1969 will see us safely in the new premises.

House in the Garden School (Senior Girls) I. M. Bond

During the first part of the year school activities proceeded as usual. Various visits were made to factories and places of interest in the Bristol district. The girls also joined the boys on their excursion to Windsor, Runnymede and London Airport, and a group went to Exmouth Camp for the first time. Many visitors came to the school.

The latter half of the year was occupied with plans for the new school. House in the Garden, a school for senior E.S.N. girls, will develop into Kingsweston School for E.S.N. senior boys and girls. More details of this will follow in a subsequent report but in the autumn of 1968 alterations to the building started. A new gym and craft room specially designed for boys' crafts marked the beginning. Naturally these building operations have imposed restrictions on our work, but so far difficulties have not been too great.

EDUCATIONALLY SUB-NORMAL CHILDREN

Special Classes for E.S.N. Children in Ordinary Schools

During 1968, eight special classes for educationally sub-normal children were opened in primary schools and two in secondary schools. By the end of the year, there were 105 classes altogether, 59 in primary schools and 46 in secondary schools.

EDUCATIONALLY SUB-NORMAL CHILDREN—RESIDENTIAL SPECIAL SCHOOLS

Kingsdon Manor School (Senior Boys), Somerton H. J. Austin

The number on roll has remained fairly constant throughout the year and, apart from minor ailments, coughs and colds etc., all have enjoyed good health.

At the present time there are 60 boys on roll, 39 of whom are from Bristol and 21 from other authorities.

Once again we have taken a full part in events organised by the Somerset Special Schools, having competed in athletics at Taunton, six-a-side football knockout, cross-country, and cricket. In all of these activities the boys have been well above average. During the summer months many of the boys have helped with local events, including gymkhanas; also many have helped with jobs in the district. Perhaps the most pleasing result of this has been the constant requests for their services and the good reports on their general behaviour.

During the year many boys have been able to spend week-ends at home. All boys going home travel by public transport and must use their pocket money to pay their fare. All boys who have been given this privilege have returned to school on time on Sunday.

We have demolished an old summer-house and re-used the stone to build a cricket pavilion, which is now nearing completion.

New appointments have been made so we once again hope to have a full staff which will allow us to extend our activities still further.

Croydon Hall School (Senior Girls), Felon's Oak, Minehead J. E. Ireson

Another change of Head must have brought further difficulties to staff and children, but after the first mutual shock, the school has settled down happily.

We have been fortunate in at last establishing a reasonably adequate teacher/pupil ratio by the enlistment of two young men teachers who have proved great assets to the school, both socially and educationally. They have also contributed to the general fitness of the children, as it is by no means an unusual sight to see about 20 of our girls bounding over the countryside on a cross-country run, with one man teacher in the lead, pacing them, and the other rounding up the laggards in the rear.

The provision of a full week's break within every term is proving very successful. Unfortunately our girls' homes are inconveniently far away and they are not able to go home as frequently as is desirable; but now no term seems too depressingly long. This has been of great benefit in making the girls more settled and contented and helps to relieve the staff, whose work with a high proportion of difficult girls is quite onerous.

The acquisition of a minibus has widened the scope of our work considerably. It is being used for educational visits of all kinds, including a survey of work-possibilities by the leavers' group. It has also enabled us to take part in a much-needed programme of sports activities as we have now been able to join the Somerset Special Schools Sports Association. Our lack of experience and prowess will keep us well at the bottom of the league, but the gain in meeting other schools will be well worth while. Our main disadvantage lies in the fact that we have no hard-surfaced playground; nor unfortunately does one seem possible in the immediate future. Consequently, sports practices have to be held 6 miles away in one of the Minehead schools. This is very frustrating and time consuming.

A further contribution that our minibus makes is in enabling a senior group to join the Junior Red Cross Cadets each week in Watchet. We look forward to the first examination, in First Aid, with some trepidation.

The 1967 Report showed that a great deal had been done here to make the "house" part of the school more attractive and homely; this process has been extended by further improvements to lighting and provision of more bathroom facilities. I trust that a future report will be able to record more facilities on the educational side. Meanwhile, we are carrying out a programme which might be entitled "The Restoration of Croydon Hall", as we are trying to highlight the beauty of the place indoors, and the elegance of gardens and statuary out of doors.

OTHER RESIDENTIAL SPECIAL SCHOOLS

At the end of 1968 the following children were being maintained at other residential schools for educationally sub-normal children:

	Boys	*Girls*	*Total*
All Souls' School, Hillingdon	—	2	2
Amberley Ridge School, Nr. Stroud	—	1	1
Besford Court R.C. School, Worcs.	5	—	5
Fosse Way School, Radstock	—	1	1
Rowdeford School, Devizes	—	1	1
Stokesbrook School, Filton	—	1	1
Westhaven School, Weston-super-Mare	2	—	2
	7	6	13

CHILDREN UNSUITABLE FOR EDUCATION AT SCHOOL

Under Section 57 of the Education Act (as amended by the Mental Health Act, 1959), the Education Committee decided that 45 children (23 boys and 22 girls) were suffering from such disability of mind as to make them unsuitable for education at school, and furnished reports of those decisions to the Mental Health Authority. Their ages were as follows:—

Age	*Boys*	*Girls*	*Total*
5	3	3	6
6	9	7	16
7	2	4	6
8	3	1	4
9	—	1	1
10	3	1	4
11	1	1	2
12	1	2	3
13	—	1	1
15	1	1	2
	23	22	45

E.S.N. SCHOOL LEAVERS, 1968

	Boys	*Girls*	*Total*
Referred to the Local Health Authority for informal supervision	5	9	14
*Referred to special school welfare officer for after-care	41	34	75
	46	43	89

*(including 27 boys and 27 girls from special classes in ordinary schools)

MALADJUSTED CHILDREN

At the end of the year 66 maladjusted children were being maintained in residential schools and hostels as listed below. The previous year's total was 71.

	Boys	*Girls*	*Total*
Berrow Wood School, Nr. Staunton, Worcs. ...	3	—	3
Bicknell School, Bournemouth	3	—	3
Bladon House, Burton-on-Trent	1	—	1
Blaisdon Hall Salesian School, Longhope, Glos. ...	3	—	3
Bourne House Hostel, Lincs.	—	1	1
Breckenbrough School, Thirsk, Yorks.	1	—	1
Burnt Norton School, Chipping Campden, Glos. ...	1	—	1
Cam House, Dursley, Glos.	3	—	3
Camphill Rudolf Steiner School, Aberdeen ...	1	—	1
Chelfham Mill School, Barnstaple, Devon	3	—	3
Childscourt School, Nr. Wincanton, Somerset ...	2	3	5
Dawlish College, Kenton, Exeter	2	—	2
Devonport Houses, Buckfastleigh, Devon	1	—	1
Falcon Manor School, Towcester, Northants. ...	1	—	1
Farmhill House, Stroud, Glos.	1	2	3
Heanton School, Braunton, Devon	3	—	3
Holbrook Manor School, Hereford	2	—	2
Kingsmuir School, Sussex	1	—	1
Leigh Court School, Cullompton, Devon	1	—	1
Marchant Holliday School, Templecombe, Som. ...	3	—	3
Marland School, Torrington, Devon	4	—	4
New Barns School, Toddington, Glos.	2	1	3
Peredur Home School, East Grinstead	1	—	1
Pitt House Junior School, Chudleigh, Devon ...	1	—	1
Pitt House Senior School, Torquay	2	—	2
St. Audrie's School, West Quantoxhead, Som. ...	—	2	2
Sandford Otleigh, Newton Abbot	—	1	1
Shotton Hall School, Shropshire	1	—	1
Sutcliffe School, Winsley, Wilts.	3	—	3
Walton Elm School, Sturminster Newton	2	—	2
Wells Cathedral School, Wells	4	—	4
	56	10	66

DELICATE AND PHYSICALLY HANDICAPPED CHILDREN

Periton Mead School

F. C. Wilkinson

"what is big and green and 'airy?" ask the children. The answer is a Western National 'bus—with the windows open, but it might just as well be Periton Mead School.

Basically we are a residential open air school. The doors and windows are always open wide and we almost live outside. A lot of time is spent in the garden—it has to be very poor weather not to find us outside before breakfast—and in walking. Without a doubt the walk which appeals to the children the most is "up Periton Combe and down Hopcott Combe". Every walk is a nature trail; sometimes we see the deer, at times gather the wild fruits, and at all times we keep our eyes open for 'specimens' as we are great collectors.

During the past year the average number of pupils on roll was 66. Most of our children are, of course, drawn from Bristol; at the end of the year there were 48, with five children from Gloucester, four each from Somerset and Wiltshire, three from Cornwall and two from Kent. We have three Bristol-born Sikh children and a couple of native-born Polish.

All the children were medically examined towards the end of each term and 20 who were considered fit enough to resume ordinary day school were transferred. In addition, three bright pupils who still required boarding education were transferred to schools with a grammar stream, and one 16-year-old lad was transferred to St. Loye's College, Exeter for training. There were nine statutory age-leavers who, at the time of writing, are all in full-time employment. This gives a total turnover of 33, which is regarded as a satisfactory figure. The average stay is about two years.

As mentioned in earlier reports, it has been the intention over the last three years to build up a higher proportion of emotionally disturbed children than in the past. The numbers in this category have slowly grown until it accounts for 65% of our number, which is regarded as close to saturation point. It will be important from now on to retain the 'mixture as before' if we are not to defeat our own object.

General health has been good throughout apart from a brief, but at the time difficult, period during the winter when we were hit by 'flu. At the peak we had 23 of our complement sick at the same time, but it went as quickly as it came. It seemed to be a mild sort, unpleasant, but soon over.

The experimental four-term year, at present in phase two, (having been modified from the previous year) is proving highly satisfactory, especially for the children. Each term is ten weeks long and is followed by three weeks' holiday. This arrangement is less of a strain on teachers who, it should be remembered, are also engaged on extraneous duties in the evenings and at weekends. It also obviates the necessity for half-term which tends to break the continuity of classwork and, thirdly, the holiday is long enough to cover parental holidays but not so long that it is likely to retard the individual child's progress towards health. One of the holidays is taken early in the summer and another in the autumn, the term between these two being the high summer when children probably gain the most from residence at a seaside boarding school. Parents seem to be most satisfied with this arrangement by which they see their children at regular and more frequent intervals, if for a shorter time. There have been no dissentient voices.

Pupils in the Senior Class of the four are prepared for external examinations for which we are now Centres. In the past year we have gained successes in the Pitman and Royal Society of Arts examinations, particularly in the field of English and of Mathematics.

Excursions are a popular extension of local studies and exploration is almost without limit. Visits have been made to Kilve, where fossils are plentiful and varied, and to the old 'patchings' or surface workings in the locality in quest of iron and copper ores; also an interesting trip was made one evening up the old mineral rail line from Roadwater. Groups have visited Dunster Castle, Cleeve Abbey and several local churches with points of interest, including Selworthy, and the children have interviewed all manner of interesting people. Our pupils have travelled as far as Woolacombe and Lundy Island.

The evenings are full of activity; the children have plenty of time for free play but, in addition, there are organised activities of a positive nature. We have groups for craft, especially pottery, and we are proud of the expressive quality of the children's earthenware pots and models and interesting experiments have been carried out using local clays. The bigger hand-built pots, too large for our school kiln, have been fired at the local brickworks. There are also groups for needlework and drama and the whole range of indoor games.

We also do a lot of country dancing. Our teams have attended two dance festivals and they perform publicly in Blenheim Gardens in Minehead every Thursday evening during the summer season. Quite apart from the pleasure the children derive from singing and country dancing, it is regarded as one of the best forms of hidden therapy.

Each month the Newsletter is duplicated and goes out to all parents keeping them in the picture as to our activities and all the important dates. It is a little bit like a local paper, including the names of a lot of young people, which their parents like to see and it does mean that our children in their own letters home each week can concentrate on writing a very personal letter to mums and dads.

Probably the most important date to us each year is our Open Day when we make every effort to get as many parents as possible to come and see the School, the gardens and the year of children's work. This year it was a very happy occasion and a financial success.

South Bristol School C. Williams

The end of the year saw 86 boys and 52 girls on the roll and of this total 21 came from neighbouring Authorities.

As is usual the range of complaints suffered by our children is very wide. The main medical disabilities were:—

Visual handicaps	17
Asthma and bronchitis ...	14
Epilepsy	13
Muscular Dystrophy	11
Spina Bifida	9
Heart Disease	9
Urinary conditions	6
Cystic Fibrosis	3
Imperforate Anus	3
Diabetes	2

School's work and play progressed steadily, thanks to the staff and all who support their efforts in so many ways. School and home co-operated closely (and without needing gentle prodding from the Plowden Report) and this was most evident during the Spring Fair.

Unfortunately, one Parents' Evening was on the night of the July downpour and a parent, Mr. G. C. Bowden, lost his life on his way home. Mr. Bowden's bravery in attempting to rescue two people trapped in the floods has been recognised in a number of ways. He has been posthumously awarded the Queen's Commendation for Brave Conduct and the Royal Humane Society's Certificate.

Staff and parents' endeavours had paid for a school ambulance by the end of the year, to be used for excursions and not emergencies. But it was not available to bring Father Christmas at the appropriate time—Cunard was not the only company of Britons to be beset by delivery problems in 1968.

It is pleasing to record that five pupils gained one-mile swimmers' certificates. A much larger number experienced being on the water when we enjoyed a steamer trip in the lively Bristol Channel. Other educational visits were made and the Headmaster had the opportunity to attend courses and conferences on visual handicaps at London, Liverpool and Wallingford.

Some improved medical treatment facilities were needed and provided during the year. We are grateful to those who assisted here and in other matters to ensure the smooth working of our school.

HOME TUITION

The two full-time teachers have continued to provide their little-known but very valuable service. Illness by the man teacher unavoidably reduced the provision possible towards the close of the year, but some teaching support to his woman colleague was given by a master from school. The Home Tuition Roll contained the names of ten boys and four girls at the year's close. Half the total were unable to attend school because of behaviour difficulties (one of whom was excluded from a school for the maladjusted). The other seven included those suffering from conditions like Henoch's purpura, muscular dystrophy, rheumatoid arthritis and heart disease.

HOSPITAL TEACHING

As in previous years child patients are visited in three hospitals. The average daily totals fit for tuition fluctuated between thirty and forty children, with the following being a representative pattern:—

Bristol Royal Infirmary	6
Royal Hospital for Sick Children ...	27
Southmead Hospital	7
	40

It is interesting to find that, although more children are admitted to hospital for shorter periods than ten years ago, the daily number on roll remains remarkably constant. Increased turnover has naturally added to our teachers' problems but instead of the two teachers of 1958 we now have three full-time teachers assisted by three part-timers.

Mention was made last year that teaching assistance was given to some children attending a Psychiatric Out-Patients' Clinic. It is now pleasing to report that one patient is (after two years' absence from school) making a daily cross-city journey to South Bristol School. Another patient from the same unit came to the school at the end of the year and is settling down well. A tribute

here to the co-operation of our school and hospital staffs and. it hardly needs to be said, to the skills of the hospital's own personnel. We appreciate always their friendly assistance.

DELICATE AND PHYSICALLY HANDICAPPED CHILDREN AT RESIDENTIAL SCHOOLS

At the end of the year the Authority was maintaining seven delicate children at residential schools—one boy at the Pilgrims' School, Seaford, Sussex, one boy and four girls at Heathercombe Brake School, Newton Abbot, and one girl at St. Vincent's Open Air School, St. Leonard's-on-Sea.

The following children were at residential schools for the physically handicapped:—

	Boys	*Girls*	*Total*
Craig-Y-Parc School, Pentyrch, Cardiff	—	1	1
Lord Mayor Treloar College, Alton, Hants. ...	1	—	1
Princess Margaret School, Taunton	2	—	2
Thomas Delarue School, Tonbridge, Kent ...	2	—	2
Trueloves School, Ingatestone, Essex	1	—	1
	6	1	7

Under further education arrangements, one boy was undergoing training at Lord Mayor Treloar College, Alton, Hants.

EPILEPTIC CHILDREN

In addition to the 13 epileptic children for whom special educational treatment was provided at South Bristol School, two boys and one girl were being maintained at the end of the year at the Lingfield Hospital School for Epileptic Children, Surrey.

CHILDREN WITH SPEECH DEFECTS

Nine children were in the special class for children with delayed speech at St. James' and St. Agnes' Nursery School at the end of the year.

CHILDREN WITH MULTIPLE HANDICAPS

In December 1968, ten children with multiple handicaps were maintained at St. Christopher's School, an independent school in Bristol for children in need of special care, two boys as boarders and three girls and five boys as day pupils.

CEREBRAL PALSY ASSESSMENT CLINIC

E. E. Warr

The Cerebral Palsy Assessment Clinic, continuing under the direction of Dr. W. Schutt, has been moved to the Out-Patient Department of the Children's Hospital; despite this move Miss Wheatley, Superintendent Physiotherapist, and her colleagues are fortunately still able to attend.

Children attending the clinic for physical and educational assessment do, in general, appear to be attending at earlier ages than previously. The immediate waiting list for Claremont School is reasonable at the present but we know from previous experience that it is subject to quite violent secular change.

Mr. H. C. M. Carroll has succeeded Mr. R. V. Saunders, Senior Educational Psychologist, in providing educational and psychological assessments of children attending both the clinic and Claremont School; the latter has worked continuously in the school and the clinic since its inception in 1951.

The Spastic Society Social Worker, Mrs. M. West, has recently been attending the clinic with advantage to both organisations.

Claremont School

M. Ram

We have had 48–49 children on the register this year, eight of them suffering from spina bifida and the rest from cerebral palsy. Ten ex-pupils now in ordinary school attend for physiotherapy, a smaller number than last year, but the oldest of the group has now gone to University, and two Wiltshire boys, after a trial period in the Henleaze schools, have been able to transfer to schools in their own districts. Another child with spina bifida now does all her educational work in Henleaze Infants' School.

We have continued to use and adapt the method of Conductive Education devised by the late Professor Peto in Budapest for the education and treatment of children with motor disabilities. Members of staff are making a film to illustrate the method and to show the progress made by individual pupils here. In October Dr. Maria Hari, now principal of the Peto institute, came with her chief assistant to a weekend course organised by the Spastics Society in Wallingford. Six members of Claremont School staff attended, and afterwards Dr. Hari spent two days with us in Bristol. She spoke and showed films to an audience of local educationists and doctors and next day toured the school, giving us advice on programmes for individual children. We realise that we need more information before we can make our own programmes satisfactorily, and we very much hope that more members of staff will be allowed to visit Budapest in the near future. Our Parents' Association has offered to pay part of the cost of these visits.

Now that a Somerset child has been accepted for the partially-hearing unit of a Bath primary school, we shall have no young deaf children in Claremont and after July 1969 all the senior deaf children will also have left. We had begun to hope that we had finished with this particular problem, but now find that two young children with defective hearing have appeared on our waiting list.

We have for many years been aware of the difficulties of children who, though their eyes are clinically normal, are obviously unable to use them normally. Sometimes the trouble is due to the effects of spasticity or athetosis upon eye movement and sometimes to perceptual impairment. We have been fortunate in finding an orthoptist who is interested in these problems and willing to do some pioneering work in the field. She now attends the school for two half sessions a week to help selected children. As we have been approached by the craft instructors at Redland College to give them ideas for unusual apparatus that would be useful to us, we have been able to plan some of the equipment that she needs.

The usual school functions have taken place during the year, and we received valuable help from our Parents' Association. Their latest project is the conversion of a small room adjoining our nursery into an observation room. When this is finished, complete with one-way glass, we shall be able to welcome our many visitors, to this part of the school at least, with more warmth and fewer misgivings.

HEALTH EDUCATION

P. Mackintosh
(Health Education Officer)

The Health Education Section was able to extend its services to schools and youth organisations during the year.

Talks and discussions on a variety of health topics were given to third and fourth year students in nine comprehensive schools, and to sixth formers in grammar and private schools; these were undertaken by the three Health Education Officers. In addition some schools asked for a series of talks to be given, and subjects included "Personal Health and Development", the Health Services, health hazards, nutrition, infectious diseases and preventive inoculations, emergency resuscitation (with a visit to the Central Ambulance Station) etc.

At one school, a course of nine talks was arranged for 40 fourth-year school leavers. This course has now become an annual event; each year, for the past ten or 12 years, similar courses have been arranged at this school and the teacher in charge of the group has said that as a direct result several girls have taken up training and work in some branch of the Health Services.

In recent years, the requests from schools, the Technical Colleges and the Colleges of Education have increased enormously, due no doubt to an increasing awareness of the services that can be made available by the Health Education Section. The need to provide some form of in-service training for teachers, in matters concerned with health education is pressing; such training should be an annual event, not only because of the "turn-over" in teacher numbers, but because of the need to supply up-to-date material, and of the new and improved techniques of teaching being developed.

Another aspect of health education in schools arose as the result of the disbandment of the Civil Defence organisation. The First Aid and Training Officer of Civil Defence was transferred to the Department and he very quickly established contact with a number of schools, where the Heads were anxious to have staff and pupils trained in the 'mouth-to-mouth' system of resus-

citation. The school programme was part of the Water Safety Campaign and in May and June the Training Officer visited eight schools, some on as many as six occasions, and demonstrated the resuscitation system to nearly 3,000 children and 59 teachers.

The number and variety of requests for talks or lectures is matched by the number of requests from the public for information and material. If one were to attempt to answer some of the requests in the detail asked for, it would be almost a full-time occupation. Most of the letters and 'phone calls are from school children or college students and the Deputy Health Education Officer made some reference to the type of letters received in the 1967 Report of the Principal School Medical Officer. In a letter to "The Times" dated 11th November 1968, the Town Planning Officer of Kingston-upon-Hull summed up the situation:— "I know that now is the season for students to start the compilation of the information they require for their theses. Never before, does it seem, have so many set out on the trail. Never before have I been asked for so much . . . I really wonder what educational purpose this serves. I am sure that all this deluge of inquiries is making it all the more difficult for genuine researchers".

Kingston's Planning Officer refers to the "season" for students to send in their requests. So far as the Health Education Section is concerned, the "season" lasts as long as the academic year, and frequently includes a fair proportion of vacation time. The most frequently used phrase contained in nearly every letter received from students and school children is "doing a project". So many "projects" have been "done" on various aspects of the Health Services in Bristol that it must must be one of the best documented subjects studied in the city in recent years. The seekers of information express themselves in many different ways but a common feature in the majority of letters is the air of uncertainty—uncertainty of what to ask.

Drugs and drug addiction have been popular projects topics during the year. A fascinating picture can be conjured up of the little girl who wrote, "I was wondering can you help me? I am doing a project at school, and I was wondering if you have any pamphlets on the subjects of drugs, alcohol and cigarettes. I hope you can help me". This has to be read slowly to be appreciated. A 13 year old schoolboy stated in his letter, "My friend and myself have to do a project for school on Mental Health, Child Welfare, Red Cross and any other service that people can get" (Contagious services?). This child was the only individual among the 82 written requests received by the Section during 1968 to acknowledge our reply; it was so refreshing to receive "just a little note to say thank you ever so much for sending me so much help for my project; I am most grateful to you".

It is rather a sad reflection of the times when a schoolgirl, compiling a project for the C.S.E. on "The Personal Problems of a Teenager" writes and asks for "anything to do with drugs, the unmarried mother and any other problems a teenager may have"; and we talk of the joys of youth! The letter ended "P.S.—Is it possible for me to get samples of drugs anywhere?".

Most of the requests were for information on the Health Services, maternal and child care, the unmarried mother and her child, drugs, alcohol and tobacco and home accidents; the last one was asked for by many of the youth organisations and by candidates for the Duke of Edinburgh's Award.

"Drug Dependence"

The demand for the booklet "Drug Dependence" which was first published in June 1967 continued unabated. The revised edition and fourth impression was published in January 1968; the fifth edition appeared in July and by the end of the year over 23,000 copies had been sold or distributed.

Exhibitions

A small, mobile, three-dimensional exhibition depicting the work of the School Staff Nurse and the School Health Service was arranged by the Deputy Health Education Officer. This exhibition appeared at a number of the comprehensive schools for periods ranging from one to four weeks, and was well received. A programme for its continued use in 1969 was planned.

INFECTIOUS DISEASES

A. J. Rowland

Two features of 1968 are worthy of comment; a rubella epidemic, considerably larger than the previous year's, occurred in the early summer, and there was throughout the year an unusually

low incidence of food poisoning. Whooping cough and infective jaundice both showed a steady decline from the levels of 1967, and the incidence of dysentery was also lower than usual.

Measles Vaccination in Schools

In the spring, arrangements were made to vaccinate all susceptible children against measles in the nursery, infant and junior departments of the Authority's schools. This campaign was designed to involve the rest of the city's services as little as possible and was effectively performed by two completely self-contained teams, each visiting as many schools as possible each day. Every visit was arranged and confirmed by 'phone. In a period of two weeks before and two weeks after the spring bank holiday, 125 departments were visited.

An excellent degree of co-operation was found in all schools and a total of 3,109 children received vaccination. No troublesome reactions were reported.

The few departments which had been unable to accommodate the teams in May and June were visited later in the year in Phase Two, when the scheme was extended to all private schools with children of nursery and primary age.

An interesting feature was the slow but steady increase in notifications of measles suggesting that vaccination over the last three years has had a marked effect on the pattern of that disease and had prevented the usually sharp variation in incidence. Measles notifications for 1968 were lower than the preceding three years as the following table shows.

Notifications of infectious diseases in children of school age expressed as a percentage of total notifications. Previous years are included for comparison : —

	1968	*% of total notifications for 1968*	*1967*	*1966*
Rubella	1,891	57	694	71
Measles	279	30	1.304	1,357
Infective Jaundice ...	136	49	267	277
Scarlet Fever	77	60	188	131
Dysentery	41	21	238	44
Whooping Cough ...	107	41	145	25
Food Poisoning	4	10	15	12

MEDICAL EXAMINATION OF TEACHERS

During 1968, 149 intending teachers were medically examined in Bristol prior to appointment with the Local Education Authority: in addition, 125 were examined by other Authorities for employment in Bristol, while 20 teachers were examined for other Authorities at their request.

The number of young persons examined in connection with admission to teacher training colleges was 517 and seven entrants to college were examined for other Authorities.

Chest X-rays

Appointments for chest X-ray examinations were offered to 1,976 teachers during the year and 1,138 accepted (58%). Of those recalled for larger films to be taken, it was considered desirable in 25 cases to notify their general practitioners of the findings. One case of active tuberculosis was discovered; otherwise the abnormalities found were mostly minor cardiovascular or lung conditions.

MEDICAL INSPECTIONS IN SCHOOL

A complete periodic medical inspection was made of 13,622 children attending the Authority's schools. All children are medically inspected during their first year in the infants' school and older children on entering a maintained school for the first time. A periodic medical inspection is also made of all children at the age of 14. In addition, 5,391 children were re-examined in primary, secondary or special schools and 682 specially examined at the request of school nurse, teacher, parents or others. In nursery schools and classes, all children were examined on entry, and 721 re-examinations took place. The total number of inspections in schools was 20,416.

Co-operation of Parents

The number of parents present at periodic medical inspections during the year was as follows :—

Age groups inspected (by year of birth)	*No. examined*	*Parents present*	*Per cent*
1964 (and later) ...	1,038	999	96·2
1963	1,890	1,730	91·5
1962	3,986	3,521	88·3
1961	412	302	73·3
1960	214	171	80·0
1959	154	95	61·7
1958	121	79	65·3
1957	318	217	68·2
1956	240	153	63·7
1955	243	113	46·5
1954	1,037	218	21·0
1953 (and earlier) ...	3,969	874	22·0
	13,622	8,472	62·2

INFESTATION

The following table shows the number of children found to be infested each year since 1961 :—

	No.	*School population*	*Per cent*
1961	748	65,853	1·13
1962	672	65,242	1·03
1963	606	65,671	0·92
1964	691	66,374	1·04
1965	717	66,710	1·07
1966	714	66,132	1·08
1967	639	65,999	·97
1968	609	67,149	·91

MILK AND MEALS IN SCHOOLS

J. A. Battersby

At the beginning of the autumn term the supply of milk to pupils of secondary age ceased by direction of the Department of Education and Science. The number of primary school pupils taking milk was 33,503 representing 99·9 per cent of pupils on roll.

The number of meals served in 1968 was 8,314,645. Approximately 64·1 per cent of pupils took dinner, showing an increase of approximately 1·5 per cent on the previous year's figures. 7,706 free meals were consumed, an increase of 3,706. This was due in part to the provision of free meals to the fourth and subsequent child in every family and also, no doubt, to the government-sponsored publicity given to the free meals scheme.

Four new kitchens were opened: at St. Anne's Park Primary and the School of Christ the King R.C. Primary in February and at Bridge Farm Primary in March. The kitchen for the senior building at Brislington School opened in September. At Hengrove School the existing 500-meal kitchen was closed in June, extended and reconstructed for an output of 1,100 meals and re-opened for the September term. During the year serveries were opened at five new sixth-form units and a varied choice of food is being served. This proves of particular benefit in mixed schools where it is found that there is need for both a high calorie bulky meal and also for light meals, salads and the snack type of food. Obesity in school children is becoming a national problem and we hope to extend the choice of food to younger age groups in the senior school as we gradually change from family service to cafeteria.

Craft Training Courses for assistant cooks and management courses for supervisors were run every four weeks at the School Meals Training Centre. We are grateful to both Mr. Turner of the Bristol Ambulance Service and Mr. Mountjoy of the Public Health Department who gave lectures, on First Aid and Food Hygiene respectively, to our trainees.

Miss Wheaton, our Training Officer, was invited to be a member of a committee of organisers formed to advise the Hotel and Catering Industry Training Board on the training requirements for the meals service. She reports that in addition to orthodox craft the need for training for instruction in both the nutritional requirements of children and in food hygiene were fully stressed to the Board.

Medical examinations, including chest X-ray, were carried out on approximately 1,000 employees.

MILK, FOOD AND HYGIENE INSPECTIONS

G. J. Creech

Routine Sampling at School Kitchens

Food sampling at school kitchens has been continued as a routine during the year and a total of 360 samples was taken from various establishments. The items sampled covered a wide range of commodities and were found to be in a satisfactory condition in all but a few instances.

Routine Sampling of School Milk

The normal examination of school milk has been undertaken from schools in all parts of the city. Of 102 samples submitted to the laboratory, all were reported as having passed the statutory test for heat treatment and for keeping quality; the chemical composition was also satisfactory.

Routine Inspection of School Kitchens

During the year regular inspection of all school kitchens has been carried out by the Food and Drugs Section and altogether 258 visits were made under the Food Hygiene (General) Regulations, 1960. In 31 cases certain defects were brought to the attention of the Chief Education Officer.

Food Poisoning, Dysentery, etc.

The usual investigations were carried out upon receipt of notifications of food poisoning, dysentery and gastro-enteritis, in respect of school kitchen staff, school children and nursery school children.

Set out below is a table of confirmed cases, as follows:—

	Nursery Children	*School Children*	*Totals*
Dysentery ...	29	31+12 from Bush Training Centre	72
Food Poisoning ...	—	5	5

Regular liaison with the School Meals Service is maintained about workers employed in school kitchens who are absent from duty with suspicious symptoms, and several notifications were received and investigated. None of these notifications proved to be positive cases of dysentery or food poisoning.

Investigation of Food Complaints

The School Meals Section called upon the advice of this Department in 71 cases requiring special investigation.

In 45 cases the actual condition or fitness of the food was in question; the Food Inspector's advice was given and surrender certificates were issued where necessary.

There were 22 complaints of food containing foreign bodies, one involving the presence of a large number of bees found in tins of red plums used in a school kitchen. It was not possible to identify which of the nine tins used contained the bees, and reference to the delivery notes showed that three of the tins had been more than six months in the possession of the Corporation. The inability to prosecute on this occasion centred on the law contained in the Food and Drugs Act. 1955, which gives a maximum period of six months from the time of a retail sale to the laying of information before the Court.

Several complaints were received during the early part of 1968 about the curdling of skimmed dried milk powder when reconstituted and cooked. Sometimes the complaint was accompanied by reports of abnormal flavour. Examination by the Public Analyst showed the condition to be due to an increase of normal acidity and moisture content, aggravated in his opinion by long storage in the kitchen, and he suggested the use of smaller packs than the 56 lb. paper sacks then used.

Five complaints were received concerning foreign bodies in tins of peas which upon investigation were found to be small stones. The canners explained that this is a natural hazard with processed peas and they were doing all possible to obviate the necessity for further complaint.

Four other cases not directly concerned with food complaints were investigated and brought to a satisfactory conclusion.

ORTHOPAEDIC AND POSTURAL DEFECTS

During 1968, 35 sessions were held at the Central Health Clinic by the Orthopaedic Surgeons, Mr. D. M. Jones and Mr. A. H. C. Ratliff. An analysis of the cases seen is given below, together with the previous year's figures (in brackets) for comparison.

The valuable service provided by the three physiotherapists, Mrs. B. A. Green, Mrs. S. E. Hatton and Mrs. V. Dawson (the last-named replacing Miss K. Drake), has continued throughout the year.

ORTHOPAEDIC INSPECTION CLINIC ATTENDANCES

	School Children				*Pre-School Children*			
	No. of cases seen		*Total attendances*		*No. of cases seen*		*Total attendances*	
Paralysis (a) Flaccid	1	(2)	1	(4)	—	(—)	—	(—)
(b) Spastic	7	(5)	8	(13)	1	(1)	1	(2)
T.B. Bones and Joints	2	(1)	2	(3)	2	(1)	2	(2)
Congenital abnormalities of bones and joints	57	(64)	81	(109)	45	(45)	79	(70)
Flat foot	122	(127)	158	(175)	29	(24)	40	(31)
Osteomyelitis	1	(1)	1	(1)	—	(—)	—	(—)
Knock knee	37	(39)	56	(59)	28	(20)	31	(26)
Rheumatism and Arthritis	—	(1)	—	(1)	—	(—)	—	(—)
Rickets	—	(1)	—	(1)	—	(—)	—	(—)
Spina Bifida	—	(2)	—	(2)	—	(—)	—	(—)
Spinal curvature (non-T.B.)	26	(25)	48	(51)	3	(4)	4	(7)
Talipes	9	(6)	14	(6)	5	(5)	6	(5)
Torticollis	1	(2)	2	(3)	2	(4)	2	(5)
Fractures	—	(3)	—	(6)	—	(1)	—	(1)
Miscellaneous	55	(40)	91	(59)	10	(22)	22	(29)
	318	(319)	462	(493)	125	(127)	187	(178)

PHYSICAL EDUCATION

R. R. Jenkins

There is little fundamental change in the general aims of physical education over the years. The primary aim is the education of the "whole" child, implying that due attention is given to the maximum development of each individual, physically, mentally, morally and socially in the preparation for living. Each child should be assisted to attain the maximum development possible for that child and the aim should be to develop to the full the varying physical resources of each individual. The emphasis on the individual shows itself in a variety of ways; there is a greater readiness to allow scope for personal variations and interpretations of the same activity and frequent opportunities for children to choose their own activity. In this way most children can succeed in some activity, and any aspect of education which gives a child a sense of achievement is valuable. For some children physical education may provide the opportunity to experience a sense of achievement which they might otherwise never enjoy and this sense of achievement experienced through successful participation in physical activity for the first time may provide the incentive which enables a child to return to the classroom with a new determination to overcome difficulties met in other subjects. The increased provision of climbing apparatus indoors and out of doors and the extension of the swimming programme to younger children, even of infant and nursery school age, can only be beneficial in furthering those aims by widening the scope of

challenging situations presented to the pupils. The depth of water in the public swimming baths presents some problems for the very young children, but with the use of artificial aids these problems are largely overcome. The initiative of Heads in trying to acquire their own pools is commendable and in the near future two more primary schools will have their own small heated bath on the school site.

In the secondary schools, the early years are spent in introducing pupils to a variety of sports and games, the later years in preparing young men and women for working, leisure and social life when they leave school. To this end pupils are allowed to choose the activity they wish to pursue and encouraged to improve their standard by regular coaching and practice. The acquisition by some schools of their own transport makes it possible for activities well away from the school confines to be offered to groups of pupils. It is encouraging to note the growth of camping, field studies and outdoor activities of all kinds. The major sports still flourish : there are full inter-school programmes in the major games, area and final galas in swimming and a similar programme in athletics. School participation in sailing on Chew Valley Lake is now established, a growing number of schools taking advantage of the opportunities to teach pupils to sail on Wednesdays, Thursdays, Saturdays and Sundays through the winter months.

Courses for teachers have been arranged in a variety of activities including basket ball, swimming, sailing, field studies etc. and, for school pupils, in judo, tennis and synchronised swimming. The services of the national coaches have been utilised whenever they have been in the area.

Due to financial considerations the number of places reserved by the Education Committee on Junior Outward Bound Courses was reduced from six to five. These courses are attractive to most pupils; but the pressure of examinations makes it difficult for the academically able boy to consider applying for a place, and the Selection Committee have made a point of choosing a number of boys who show signs of deprivation, either cultural or social. Outward Bound Courses may well benefit this type of boy to a greater extent than any other type.

Jean Dawson

The number of women P.E. applicants for posts in our Bristol Secondary Schools greatly increased last year owing to the greater number and variety of students coming from training colleges. This position enables our large comprehensive schools to select good teachers with a diversity of special skills, allowing for a more balanced team of women P.E. teachers than heretofore. It is hoped that more women teachers of other subjects will choose to help with the many physical education activities offered to our senior girls. These are now so numerous that the physical education department alone cannot cover all aspects.

While many of our schools have their own tennis courts, more schools without courts are using those in the parks than ever before. Tennis is played as a mixed activity on a greater scale, which is to be encouraged as a preparation for post-school recreation. There is also a need to encourage the dual use of tennis courts by school children and young adults, as extra maintenance is not involved.

The development of training schemes for secondary schoolgirls continues, and regular meetings of Heads of Departments of girls' physical education are taking place in order that all schools should be able to exchange ideas and broaden their thinking. There has been a steady increase in the number of schools providing dance as a regular part of the programme, allowing girls to have an opportunity of developing their creative ability. One-day courses for teachers of dance are held each term, and are very well attended.

There has also been a marked development in the creative movement work in our infant schools, linking up with creative writing and art. A special study has been made in some infant schools of the development of the young child's games skills and an interesting film has been taken by Heads of the progression of the games skills of children throughout their infant school life.

There has been an increase in the number of infant schools visiting the public baths, and many more would be happy to include swimming in their programme if only more shallow teaching baths were provided. Children at infant school learn swimming more readily than at any other age, if they are not frightened by the depth of the water.

PROTECTION AGAINST TUBERCULOSIS IN SCHOOLS

A. J. Wood

The B.C.G. acceptance rate in 1968 was 82 per cent, the same as the previous two years. This is a very satisfactory figure and must have a favourable effect on the other immunisation procedures

undertaken in the community. The acceptance rate in private schools was, as usual, slightly higher (83 per cent).

Absentees and refusals were offered appointments in the special sessions held in school holidays at the Central Health Clinic.

The year's activities:

Number skin tested (Heaf test)	7,075
Number defaulting reading	558
Number tested and read	6,517
Number found negative	5,425
Number with previous history of B.C.G. —	
found positive to skin test	529
found negative and revaccinated	134*
Number found positive with no history of B.C.G. (natural converts) ...	563
Natural conversion rate	8·5%

*This figure includes 45 grade 1 positives who were revaccinated as a precautionary measure in April, when an entire secondary school was screened because there was a risk that the children may have been exposed to a case of tuberculosis. The Heaf testing did not reveal an increased natural conversion rate and, fortunately, the case was found to have been non-infectious.

In 1968 all routine B.C.G. vaccinations were performed by Dr. J. L. S. James. This ensured that the Heaf interpretation was consistent—a situation which will be useful when subsequent years' conversion rates are judged in comparison with 1968.

SCHOOL ATTENDANCE

M. Watts

The school attendance return for the year 1968 shows an average of 90·5 per cent—compared with the year 1967. This is a decrease of 0·4 per cent. The attendance in the three sections of schools as compared with the year 1967 is as follows:—

Secondary schools	90·4%—a decrease of 0·8%
Primary schools	90·7%—no change
Day special schools	84·9%—a decrease of 1·3%

The overall annual percentages for all schools are:—

1958	*1959*	*1960*	*1961*	*1962*	*1963*	*1964*	*1965*	*1966*	*1967*	*1968*
90·4	89·6	90·7	89·5	90·6	89·4	90·6	90·5	89·3	90·6	90·5

Every effort has been made to maintain children in regular attendance at school throughout the year; 74 prosecutions were taken under section 40 of the Education Act 1944 (as amended) for non-attendance at school and the parents of 260 children were interviewed at this office because of their children's irregular attendance at school and a final warning administered.

SCHOOL NURSING SERVICE

M. Marks Jones

The district health visitors continue to play their part in the overall care of the promotion of the health of the school child, and in the earliest possible detection of signs of departure from the normal in childhood development.

As far as possible, health visitors are associated with schools within their visiting areas, and make their own arrangements with the Heads of schools as to the most convenient time to make their visits for surveys and usually a programme is made for each term. This also gives an opportunity for school staff and health visitors to meet regularly and discuss problems about any particular child or family.

The main function of the school health visitor is as a health educator and it is encouraging to report that more and more Heads of schools are seeking their help and participation in health education programmes. Health visitors are relieved of routine tasks, such as dressing and un-

dressing children, routine head inspections, by the employment of clinic helpers and clinic assistants. Sessional nurses who are State Registered or State Enrolled continue to relieve health visitors in clinic duties.

The employment of school staff nurses in most comprehensive schools enables health visitors to devote more time to health education.

FOLLOW UP AND HOME VISITING

Health visitors continue to do home visiting as necessary. During 1968, 2,758 homes were visited compared with 2,556 in 1967.

SCHOOL STAFF NURSES

There are now 17 school staff nurses and five comprehensive schools have full time coverage.

There were a few changes in staff during the year and an in-service training course was arranged for the benefit of these nurses and for those continuing in the service. The course was arranged on one afternoon each week for six weeks and included the following subjects:

The ills of the future are in our schools today
Psychomatic disorders in adolescence
Counselling adolescents
The control of tuberculosis
Changing patterns in nurse education and recruitment

A visit was also made to South Bristol School to give a better understanding of the needs of physically handicapped children in school.

The work of the school staff nurses has continued in the same pattern as in previous years, although in the autumn term some were becoming more actively involved in the B.C.G. vaccination programme.

The following table relates to the work of the health visitors and school staff nurses in 1968.

Number of individual examinations	...	73,156
Uncleanliness first found this year	...	609
Uncleanliness—other	...	226

SPEECH THERAPY

B. Saunders

Reviewing the year, one is struck by the increasing number of "inarticulate" children brought to our notice. There is no obvious clinical causation, merely lack of experience in verbal communication. The speech therapist's role lies in seeing these children, preferably at 3 years of age, and in counselling and demonstrating to mothers ways of stimulating language development. In two schools, a part-time teacher sees a group of linguistically retarded children for one hour daily; one of these is a child who previously attended the Language Development Unit and this seems an ideal way to help him settle in a normal classroom situation.

The year began with some clinics closed due to staff shortages; but by October the situation improved greatly, and all posts were filled. This enabled a speech clinic to be started at Stockwood Health Centre, and extra sessions to be given in East Bristol and Knowle, over and above the existing speech therapy provision. It is interesting to note that, despite a severe national shortage of speech therapists, the School Health Service in this city is served as well as, if not better than, most Local Education Authorities.

Language Development Unit (previously known as the Delayed Speech Unit)

This special class at St. James and St. Agnes Nursery School has now been established for four years. The number of boys remains high, which is usual for this type of unit. Three changes of teaching staff have interrupted the continuity of the work there this year. Five children (all boys) have left, four going to infant school and one to nursery school. Speech therapy follow-up is arranged for these children at the local clinic, if necessary. A matter for concern is that three children in the Unit are now five or six years old, and there is an urgent need for a similar class to cater for this older age group. Plans for a second language development unit have been discussed for a considerable time and it is to be hoped that in 1969, this will be established.

Referrals to the Hearing and Speech Centre of non-talking pre-school children have increased yet again. These are assessed by a team consisting of medical officer, psychologist, social worker and speech therapist.

Special Schools

Speech therapy provision at Henbury Manor, the House in the Garden, South Bristol and Russell Town schools has been maintained. At the latter, it has been possible to provide an extra session. With the coming re-organisation of the schools for the educationally sub-normal further changes will be needed, because of the far higher incidence of speech and language problems amongst boys. At Claremont School there has been further development of the work (mentioned in last year's report) based on the methods of Professor Peto. Apart from a few senior pupils, the rest have been grouped together. Each group has a programme, carefully worked out by the teacher, physiotherapist and speech therapist, and co-ordinating education, language and physical training. The goals, immediate and ultimate, are fully understood by the team, and all activities are undertaken with these goals in mind. The great advantage of conductive education in relation to speech defects is that the child is constantly stimulated to speak and to listen to himself. He can also learn to correct and, in the sphere of language difficulty, can be guided and helped by all the team and the group, and so can benefit from constant attention.

The expansion of the speech therapy service over the past six years means that the help given to the speech handicapped child is more widely realised. Talks by speech therapists to teachers and health visitors on speech development have fostered this interest. As in many aspects of medicine and education, team work plays an essential part in the successful treatment of these children.

Attendance figures are as follows:—

	School Children						*Pre-School Children*							
	Stammer		*Speech defects*		*Total*		*Stammer*		*Speech defects*		*Total*		*Total*	
	1st	*Other*	*1st*	*Other*	*1st*	*Other*	*1st*	*Other*	*1st*	*Other*	*1st*	*Other*	*1st*	*Other*
1967	109	573	711	8,419	820	8,992	8	16	170	376	178	392	998	9,384
1968	144	669	1,102	6,963	1,246	7,632	14	28	209	489	223	517	1,469	8,149

Language Development I. M. Price

"While the child is silent, he cries for help"—*Cicero*

Children with slow language development are handicapped educationally and socially. This is so whether one looks at individual children, who may have retarded speech development for several reasons, or whether one looks at whole groups of children such as are found in the schools of some of our more socially deprived areas.

A factor which emerges from our language development unit, which has now been open for four full years, is that if a child is not talking fluently soon after he is four years old he will have difficulty at school, particularly with reading. He is also likely to have behaviour problems.

According to our one-in-ten survey of the development of Bristol children aged 2 years 10 months to 3 years 10 months, one in every 100 children reaches the age of three years with a complete failure to communicate verbally. These children are in urgent need of help, so that they may be given every assistance to develop to the maximum potential at this critical stage. Bristol is fortunate in having a clinic (the Hearing and Speech Centre) where these children can be fairly extensively assessed. The number of new non-communicating children seen each year is over 40; some others go to the Children's Hospital and yet others are obviously severely brain-damaged, mongols or deaf and are dealt with by the appropriate service.

For many children, especially those who are socially deprived, a good nursery school is of the greatest help. Here again Bristol is fortunate in its number of nursery schools; but there are still many children in certain areas urgently in need of nursery education. The Plowden Report (1967) of course stressed the importance of meeting this need, which, at this critical age is, incidentally, a good argument in favour of lowering the school age rather than raising it. Another way to help these children might be to increase the number of staff in the infant schools of these areas. Children need an example from which to learn language and opportunity to practise it.

YOUTH EMPLOYMENT SERVICE

B. M. Dyer

The increase in Selective Employment Tax has not made our job of placing handicapped young people in employment any easier during the past year; but in spite of this we have been able to find places either in open or sheltered employment for all of them.

There were nine leavers from South Bristol School of whom seven went into open employment and two into a sheltered workshop. Only one boy left Elmfield School for the Deaf in the summer: he obtained an apprenticeship as a cabinet maker. St. Christopher's School had 12 pupils eligible to leave. Most of these live away from Bristol and went either to local training centres or to Camphill Village. A few remained for the two-year training course.

Employment was found for a number of young people who attended residential special schools. They have special problems as they are learning to live at home again as well as adjusting to working life.

21 girls left E.S.N. special schools in 1968 and, of these, 11 went into open employment. We were very pleased that one girl became a machinist, following in the footsteps of a girl who left the previous year, and we were delighted that a tobacco manufacturing firm accepted another girl, for their standards are very high! 15 boys left E.S.N. schools and the majority went into routine factory and warehouse work.

In addition to the work of the Department in special schools several pupils from other schools were referred for special care. Some of these proved to be extremely difficult to place in employment, especially those suffering from epilepsy, where the problems of placing are invariably very great.

THE HEALTH OF IMMIGRANT SCHOOL CHILDREN IN BRISTOL

Norma M. Bassett
R. E. Midwinter
J. F. Skone

We are grateful for the interest and support of the members and officers of Bristol Corporation Education and Social Services Committees; also for the co-operation of the parents of children attending and the Heads of five primary schools (Knowle Infants, Newfoundland Road J.M. & I., St. Barnabas C/E J.M. & I., St. Nicholas R.C. J.M. & I. and Willow Green Infants). The views expressed are our own.

The 1966 10 per cent sample census showed that 18,820 of Bristol's population of 433,050 or 4·3 per cent, were born outside the United Kingdom. In 1966, 539 children were born to immigrant parents in Bristol—7·4 per cent of all births. By 1968 the figure had increased to 766, or 11.0 per cent of all births.

Figures for long-stay immigrants entering Bristol direct from overseas have been available since February 1965 (Table 1).

TABLE I

	*1965**	*1966*	*1967*	*1968*	*Total*
Number notified	402	309	329	343	1,383
Known to be children under 16	134	128	157	148	567

*February—December inclusive

Newly-arrived immigrants 1965-68

Their countries of origin are shown in Table II

TABLE II

	*1965**	*1966*	*1967*	*1968*
West Indies	173	153	181	125
Pakistan	27	33	41	42
India	26	14	13	52
Italy	94	14	13	8
Other	82	95	81	116
Total	402	309	329	343

*February—December inclusive

Country of origin of Immigrants, Bristol: 1965-68

Over this four year period, 46 per cent of these immigrants have come from the West Indies and 10 per cent from Pakistan. 41 per cent of the total and about 70 per cent of the West Indian arrivals are known to be children under 16.

The majority of newly-arrived immigrants settled in the older, central areas of the city — 'educational priority areas' as defined in the Plowden Report (1967). As a result, the proportion of children of foreign parentage attending schools in these areas is high. A survey carried out in September 1965 revealed that at six schools in Central Bristol — one nursery school, four primary schools and one secondary school — numbers of such children exceeded 35 per cent.

Because of the relatively poor physical environment and high tuberculosis rates in the central areas, the Bristol Education and Health Committees gave approval to the offering of an extended medical examination to those children in four primary schools with the highest percentage of immigrants. A fifth school was later added. The examination is in two parts. The first part is held in the ordinary way at school, on the first occasion when, usually at five or six years of age, each child sees the School Medical Officer. In addition to the normal clinical examination, information is obtained about the country of origin of parents and child, length of stay in this country and about educational problems arising from a poor command of English. During the session, Heaf testing is carried out with both human and avian tuberculin. The second part of the examination is held at the Central Health Clinic during the following week. The results of the Heaf tests are read and B.C.G. vaccine is given or chest X-ray carried out where indicated. Capillary blood samples are taken for haemoglobin estimation. Stool specimens are sent to the Regional Public Health Laboratory to be examined for parasites and pathogenic bacteria. During the same school term, the School Dental Officer examines each child.

Results

The type of area in which the survey is conducted is revealed by the Registrar General's social classification by occupation of the parents of the children involved (Table III).

TABLE III

Registrar General's Social Class	*Survey*	*Bristol 1966 Sample Census %*
I	0	5
II	4	13
III	44	52
IV	25	18
V	27	10

Registrar General's Social Class

For purposes of comparison, the children in the survey are divided into three groups:—

(A) Those born in the United Kingdom of British parents.

(B) Those born in the United Kingdom to parents born elsewhere.

(C) Those born elsewhere.

544 children have been examined so far: 210 in group A, 266 in group B and 68 in group C. Nearly all are five or six year-olds.

The country of origin of their parents is shown in Table IV.

TABLE IV

Both British	210
Both Eire	41
Both Caribbean ...	195
Both Indian	10
Both Pakistani	15
Both Italian	20
Mixed British/Other ...	25
Other	28
Total	544

Nationality of Parents

18 per cent of children in group C and 1 per cent in group B spoke little or no English. A further 13 per cent in group C and 2 per cent in group B had language problems sufficient to interfere with normal educational methods.

One or other parent was present at 81 per cent of the initial examinations in group A, 72 per cent in group B and 53 per cent in group C. This compares with the overall Bristol figure for initial school medical examinations of 93 per cent.

Five and six year-old children in group B were taller and heavier than corresponding children in group A (Table V).

TABLE V

Group	*5 year-olds*		*6 year-olds*	
	A	*B*	*A*	*B*
Number	150	166	49	81
Mean height (in) ...	43·1	43·9	44·9	46·1
Mean weight (lb) ...	42·7	44·6	45·9	47·2

Height and Weight of 5-year-old and 6-year-old Children

There was a greater prevalence of strabismus in childen of group A; 7 per cent were affected, compared with 2 per cent in group B. More children in group B had umbilical hernias; 5 per cent compared with 1 per cent in group A. Both these differences are statistically significant at the 95 per cent confidence level.

There was no significant difference in mean capillary haemoglobin levels (Table VI).

TABLE VI

Group	*A*	*B*	*C*
Children with Hb below 10 G%	5%	6%	7%
Mean Hb G%	12·0	11·9	11·8

Capillary Hb levels

Heaf-test results are shown in Table VII.

TABLE VII

Group	*A*	*B*	*C*
Human Tuberculin positives %	5	6	41
Avian tuberculin positives % ...	7	8	45

Heaf tests

The majority of positive readings were grade I positives but 19 per cent were grades II and III. Two Pakistani children were found on subsequent chest X-ray to have active primary tuberculosis.

Five year-old children in group A had an average of 4·1 carious, missing or filled teeth compared with averages of 3·0 and 2·0 for five year-olds in groups B and C.

The prevalence of intestinal pathogens and parasites is shown in Table VIII.

TABLE VIII

Group	*A*	*B*	*C*
Percentages of children with parasites and/or pathogens ...	·5	8	21
Children not examined	70	109	21

Intestinal Parasites and Pathogens

One in five children in group C were affected. The number of children not examined was, however, rather large.

Discussion

The area in which the majority of the children in the survey live is an educational priority area undergoing extensive redevelopment. That it is not a representative cross-section of the country as a whole is illustrated by Table III. The majority of immigrant children in the survey, in both groups B and C, are of West Indian origin. To this extent, Bristol differs from many other cities with high immigrant populations.

The results of clinical examination have revealed no major health problems in any of the groups, although some differences are worth commenting on.

The central areas of Bristol with the largest immigrant population produce about a third of the annual notified cases of tuberculosis in the city. Tuberculosis infection rates in Bristol are up to four times as high among immigrants as among the rest of the population, the largest single racial group being Pakistanis. These figures are in agreement with those of a survey by the British Tuberculosis Association (1966). Similar findings have been observed in Birmingham (Springett 1966) and Bradford (Edgar 1964). Rowland and Bell (1966) found that 56·5 per cent of immi-

grant children examined in Bradford were tuberculin positive, although 47 per cent of the positive reactions were grade I. There is evidence that some West Indian children have received B.C.G. vaccinations before they arrive in this country; documentation is, however, seldom available.

B.C.G. vaccine is given to those children in the Bristol survey who are Heaf negative or who have a grade I positive reaction, unless they are known to have had the vaccine previously. This procedure seems to be without risk of reactivating a possible dormant tuberculous focus (*Lancet* 1969).

Parasitic infestations were encountered most frequently among children born abroad. The majority had light infestations with relatively harmless parasites such as ascaris, trichuris and hymenolepis nana. No hookworm was found among children in the survey.

Summary

544 children have been examined to date in a survey carried out in five Bristol primary schools with high immigrant populations.

Children born overseas, the majority in the West Indies, show higher positive rates to Heaf testing with tuberculin than do those born in this country. Parasitic infestations are also more frequent in the former group. Apart from these findings, the children in the survey born to immigrant parents either in this country or abroad are taller and heavier age for age and have less dental caries than those born here of indigenous parents.

References

British Tuberculosis Association Survey. Tubercle, London, 47, 145, 1966.

EDGAR, W. Brit.Med.J. 11,1565. 1964.

H.M.S.O. 1967 Children and their Primary Schools.

Lancet: leading article 1, 192, 1969.

ROWLAND, A.J. and BELL, G.A. Public Health 30, 4, 197. 1966.

SPRINGETT, V.H. In: a CIBA Foundation Symposium on Immigration. Churchill, London, 1966.

STATISTICAL TABLES

Year ended 31st December, 1968

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of birth)	*No. of pupils who have received a full medical examination*	*Physical condition of pupils inspected*		*Pupils found to require treatment (excluding dental diseases and infestation with vermin)*		
		Satisfactory	*Un-satisfactory*	*for defective vision (excluding squint)*	*for any other condition recorded at Part II*	*Total individual pupils*
		No.	*No.*			
(1)	(2)	(3)	(4)	(6)	(7)	(8)
1964 and later	1,038	1,028	10	7	106	109
1963	1,890	1,874	16	33	159	188
1962	3,986	3,971	15	87	398	473
1961	412	411	1	20	66	81
1960	214	213	1	11	27	35
1959	154	153	1	7	13	19
1958	121	119	2	7	17	23
1957	318	315	3	36	43	69
1956	240	238	2	35	31	59
1955	243	242	1	39	39	68
1954	1,037	1,029	8	71	86	145
1953 and earlier	3,969	3,955	14	348	350	645
TOTAL	13,622	13,548 (99·46%)	74 (0·54%)	701	1,335	1,914

TABLE B—OTHER INSPECTIONS

NOTES—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.
A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of special Inspections	16,039
Number of Re-inspections	20,228
Total ...	36,267

TABLE C—INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	73,156
(b) Total number of individual pupils found to be infested	609
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	29
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	Nil

TABLE D—SCREENING TESTS OF VISION AND HEARING

1.	Is the vision of entrants tested as a routine within their first year at school?	Yes
2.	At what age(s) is vision testing repeated during a child's school life	Once a year in primary schools; every two years in secondary schools
3.	(a) Is colour vision testing undertaken?	Yes
	(b) If so, at what age?	12
	(c) Are both boys and girls tested?	Boys only
4.	(a) By whom is vision testing carried out?	School nurses
	(b) By whom is colour vision testing carried out?	School nurses
5.	(a) Is routine audiometric testing of entrants carried out within their first year at school?	In first or second year
	(b) By whom is audiometric testing carried out?	Audiometrician

PART II

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

NOTE—All defects noted are included, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No. (1)	*Defect or Disease* (2)		*Periodic Inspections*				*Special Inspection*
			Entrants	*Leavers*	*Others*	*Total*	
4	Skin	T	92	145	58	295	2,683
		O	293	170	65	528	292
5	Eyes—(a) Vision ...	T	139	381	181	701	1,035
		O	472	367	165	1,004	682
	(b) Squint ...	T	104	36	21	161	97
		O	134	48	18	200	132
	(c) Other ...	T	14	3	5	22	151
		O	61	35	19	115	64
6	Ears—(a) Hearing ...	T	80	22	23	125	170
		O	420	44	50	514	448
	(b) Otitis Media	T	35	9	6	48	49
		O	261	31	24	316	218
	(c) Other ...	T	13	3	6	22	72
		O	82	31	20	133	64
7	Nose and Throat ...	T	139	36	20	195	234
		O	1,047	195	143	1,385	870
8	Speech	T	84	5	11	100	107
		O	334	35	55	424	282
9	Lymphatic Glands ...	T	88	9	1	98	53
		O	496	28	45	569	374
10	Heart	T	13	15	2	30	18
		O	149	50	20	219	175
11	Lungs	T	28	16	13	57	49
		O	327	70	48	445	329
12	Developmental—						
	(a) Hernia ...	T	17	5	3	25	27
		O	61	4	5	70	32
	(b) Other ...	T	24	29	21	74	107
		O	388	112	81	581	339
13	Orthopaedic—						
	(a) Posture ...	T	4	7	4	15	10
		O	47	73	34	154	74
	(b) Feet ...	T	22	24	14	60	77
		O	202	123	60	385	164
	(c) Other ...	T	13	33	4	50	54
		O	234	103	74	411	258
14	Nervous System—						
	(a) Epilepsy ...	T	15	5	10	30	35
		O	38	16	8	62	76
	(b) Other ...	T	6	4	9	19	24
		O	77	28	36	141	105
15	Psychological—						
	(a) Development	T	10	12	18	40	62
		O	368	51	114	533	582
	(b) Stability ...	T	13	9	8	30	60
		O	505	71	120	696	664
16	Abdomen	T	12	6	3	21	18
		O	78	32	17	127	122
17	Other	T	3	3	8	14	2,253
		O	38	8	18	64	88

T = requiring treatment O = requiring observation

PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

NOTE—These tables include:—

(i) cases treated or under treatment during the year by members of the Authority's own staff;
(ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
(iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	2,724
Errors of refraction (including squint)	4,272
Total	6,996
Number of pupils for whom spectacles were prescribed	1,487

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment:—	
(a) for diseases of the ear	171
(b) for adenoids and chronic tonsilitis	1,008
(c) for other nose and throat conditions	269
Received other forms of treatment	2,961
Total	4,409
Total number of pupils still on the register of schools at 31st December, 1968, known to have been provided with hearing aids:—	
(a) during the calendar year 1968	36
(b) in previous years	142

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	330
(b) Pupils treated at school for postural defects	132
Total	462

TABLE D—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I)

	Number of pupils known to have been treated
Ringworm—(a) Scalp	3
(b) Body	85
Scabies	8
Impetigo	70
Other skin diseases	7,353
Total	7,519

TABLE E—CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance clinics	598

TABLE F—SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists	1,246

TABLE G—OTHER TREATMENT GIVEN

	Number known to have been treated
(a) Pupils with minor ailments	36,728
(b) Pupils who received convalescent treatment under School Health Service arrangements	3
(c) Pupils who received B.C.G. vaccination	5,506
(d) Other than (a), (b) and (c) above.	
Children's Chest Clinic	90
Chiropody	1,397
Enuresis	328
Nutrition	252
T.B. Contacts	57
U.V.L.	44
Total (a)–(d)	44,405

PART IV

DENTAL INSPECTION AND TREATMENT

Attendances and Treatment

	Ages 5 to 9	*Ages 10 to 14*	*Ages 15 and over*	*Total*
First visit	8,088	6,399	1,666	16,153
Subsequent visits	9,352	9,177	2,549	21,078
Total visits	17,440	15,576	4,215	37,231
Additional courses of treatment commenced	429	459	91	979
Fillings in permanent teeth	8,090	15,168	4,476	27,734
Fillings in deciduous teeth	8,321	1,140	—	9,461
Permanent teeth filled	7,009	13,690	4,133	24,832
Deciduous teeth filled	7,781	1,065	—	8,846
Permanent teeth extracted	563	2,239	558	3,360
Deciduous teeth extracted	7,009	1,981	—	8,990
General anaesthetics	2,378	925	108	3,411
Emergencies	395	360	59	814

Number of Pupils X-rayed	695
Prophylaxis	3,445
Teeth otherwise conserved	1,712
Number of teeth root filled	39
Inlays	2
Crowns	44
Courses of treatment completed	12,467

Orthodontics

Cases remaining from previous year ...	—
New cases commenced during year ...	53
Cases completed during year	33
Cases discontinued during year	4
No. of removable appliances fitted ...	76
No. of fixed appliances fitted	—
Pupils referred to Hospital Consultant ...	194

Prosthetics

	Ages 5 to 9	*Ages 10 to 14*	*Ages 15 and over*	*Total*
Pupils supplied with full upper or full lower (first time)	1	—	—	1
Pupils supplied with other dentures (first time) ...	4	16	13	33
Number of dentures supplied	5	16	17	38

Anaesthetics

General Anaesthetics administered by Dental Officers	—

Inspections

(a) First inspection at school. Number of pupils	58,702
(b) First inspection at clinic. Number of pupils	4,246
Number of (a)+(b) found to require treatment	35,188
Number of (a)+(b) offered treatment ...	28,371
(c) Pupils re-inspected at school or clinic ...	4,868
Number of (c) found to require treatment	2,326

Sessions

Sessions devoted to treatment	6,107
Sessions devoted to inspection	367
Sessions devoted to Dental Health Education	69

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